

Pennsylvania State Dental Society Sails from Erie, June 13. See page 685

# ORAL HYGIENE

JUNE 1940

Published for  
The L. D. Caulk Company  
Room 248, Flood Building  
San Francisco, Calif.



30:6

**Equally  
Effective for  
Condensing  
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*Designed by Dr. George M. Hollenback, D.D.S., F.A.C.D., Los Angeles*

With suitable amalgam condensing points, the Pneumatic Condenser, originally designed for gold foil, produces equally good results in condensing amalgam.

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# The Publisher's CORNER



BY MASS

NUMBER 228

THAT LOYAL LITTLE BAND, this department's addicts, may some of them recall occasional references to a love for detective stories. Too, some may remember the unfinished chapter from an unfinished mystery novel which served to fill this space several months ago, that fragment of "The Purple Voice." Then there was the piece produced in high school days, warmed over for the CORNER, about the sinister character who was lured to Hyde Park where he paid the supreme price for his derelictions. An earlier CORNER dealt with English authors and their old dukes so frequently found in the library, done in by parties unknown. These are the only references I can remember myself this afternoon; maybe there were more. At any rate, this department was, and is, fascinated by criminal investigation.

Our own editor, Ed Ryan, has not only been equally fascinated in criminal goings-on: he has contributed a bit to crime detection himself through his work on identification by means of dental records, about which he has written in *The Journal of Criminal Law and Criminology*, and in *Scientific American*. That is how he came to become acquainted with Dr. Carleton Simon of New York, whose fame as a criminologist and psychiatrist is international. When Ed and I visited New York for the week-end following the Centenary celebration in Baltimore, Sam Stanley and I had an opportunity to meet Doctor Simon, too. With Ed, we spent an evening with him and you can imagine what that meant to a country-boy criminologist like me.

The evening included sitting in with Doctor Simon during rehearsal and production of that Saturday's "Gang Busters" program at the Columbia Broadcasting System studio. The doctor regularly counsels the producers of "Gang Busters," and occasionally appears in the cast himself, or is impersonated as part of the story. It was grand to be right in the thick of a crime drama, with machine-guns rattling.

(Continued on page 662)



## *The Toothbrush* as a Factor in the treatment of Various Oral Conditions

Dental authority cites the value of the tooth brush as supplementary therapy in the treatment of suppurative periodontoclasia, chronic hypertrophic gingivitis, recurrent epuli and hypertrophied papillae, etc. to stimulate gingival circulation and to raise tissue resistance. For treatment or prophylaxis, your patient will receive . . .

**Maximum Tooth Cleaning and Gum Massage Effect with**

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A scientifically designed handle-twist makes practically automatic correct placement of brush for better massage and brushing. The compact brush head, (with tufts widely separated) reaches concavities, convexities and planes of dental arches. A non-skid thumb-rest gives balanced manipulation.

*The Modern Tooth Brush for Patients of the Modern Dentist*

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THE RANSOM & RANDOLPH CO., TOLEDO, OHIO

(Continued from page 658)

pistols barking, gangsters' cars cracking up—thanks to the two perspiring sound-effects men, who explained their novel gadgetry after the show. The thing, though, that most appealed to me was the marvelous stop-watch coordination of the entire job. (I thought wistfully how nice it would be if here at ORAL HYGIENE we could exhibit the same degree of coordination on our publishing job. Then, for example, I wouldn't be writing this several days late.)

But crime dramas are only one of Doctor Simon's wide variety of interests. After the show, and after apple pancakes at Ruben's, the doctor took the three of us to his office where we discovered what a criminologist does when he isn't helping put on a weekly radio show.

For one thing, he has developed a system of retinal blood vessel classification for identification in cases where finger-print identification is defeated by plastic surgery. His special camera photographs through the pupil the veins as they enter the optic nerve in the rear of the eye-ball, and which form there a distinctive configuration. He has ingeniously coded these patterns for scientific classification, but don't ask *this* criminologist to tell you how. Last July, *Popular Science Monthly* printed an article about this work of the doctor, and about his revolutionary theory that explains criminal tendencies as due to an imbalance of the two lobes of the brain, which scientists may learn to do something about.

And that by no means sums up all his work. Part of it has to do with the crime of counterfeiting, for example. He showed us some bad-bill tests, including an interesting one in which ultra-violet light rays help to spot counterfeit currency. More than one CORNER could be written about this phase of his work alone, I guess. The same is true of his studies of the causes of juvenile delinquency, divorce and its relation to crime, the facial aspects of the criminal, and spy detection—to name a few of the problems tackled by a man who is consulted by police departments and institutions all over the world—a man who was responsible for one of the very biggest nights in the life of Ed Ryan, and Sam Stanley, and your country correspondent.

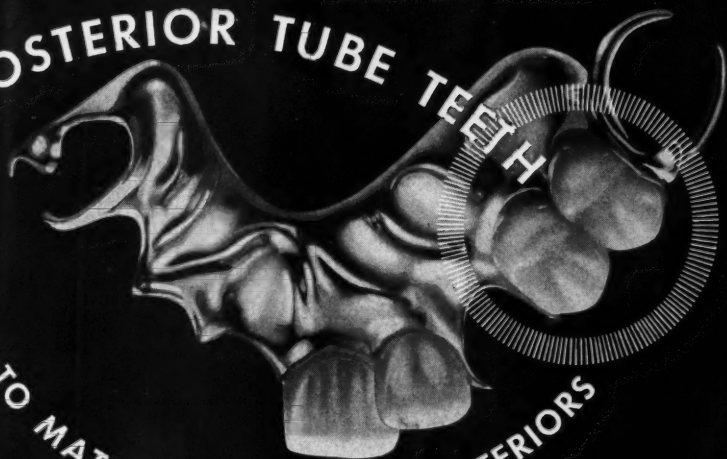
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# NEW VITA-LUX

POSTERIOR TUBE TEETH

TO MATCH THE POPULAR ANTERIORS



*Now*, you can specify Vita-lux Posterior Tube Teeth as well as beautifully blended, translucent anteriors. These posteriors, like the anteriors, rival the artistry of the skilled ceramist, the appearance of costly, individually baked porcelain jackets . . .

Note the aesthetic treatment of the over-lapped anteriors in the practical gold case above—an achievement impossible to duplicate with metal backed facings. Note, too, the full porcelain lingual with natural anatomy, the translucency.

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are Vita-lux Vulcanite Teeth—which have a high record of satisfaction since their introduction over a year ago. The “balanced translucence” imparts youthful life and lustre to the mouth and eliminates that “false tooth” appearance associated with opaque teeth.

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Fascinating little acrylic dentures with Vita-lux teeth are recommended for demonstrating purposes, for gifts to patients.



*If your dealer doesn't carry these fine teeth in stock,  
make it your business to find out why.*

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Zinc Cement Improved and Filling Porcelain Improved comply with A.D.A. Specifications.

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1 Trial Bottle Filling Porcelain Improved Liquid

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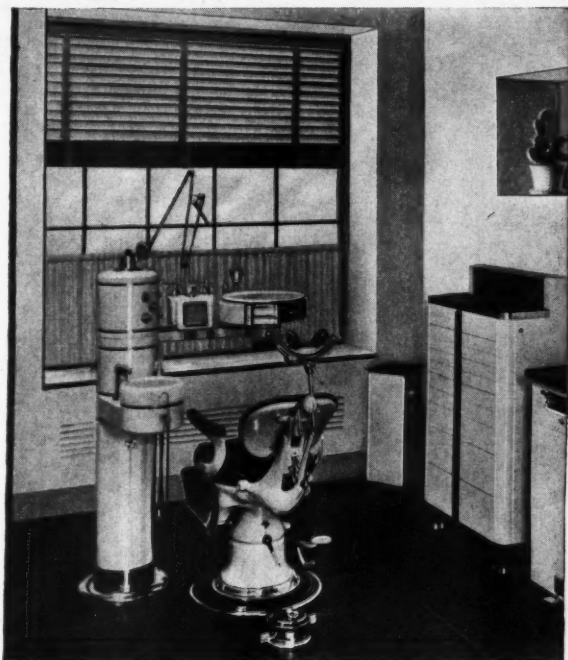
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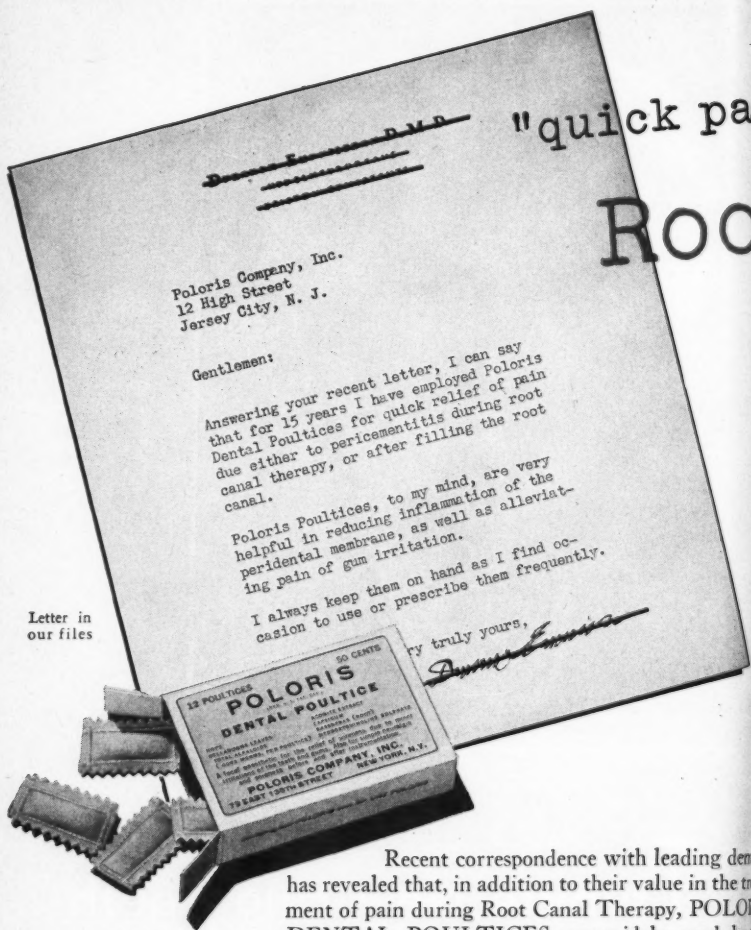
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Letter in  
our files

"quick pain relief"  
Root Canal Therapy

Poloris Company, Inc.  
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Gentlemen:

Answering your recent letter, I can say that for 15 years I have employed Poloris Dental Poultices for quick relief of pain due either to pericementitis during root canal therapy, or after filling the root canal.

Poloris Poultices, to my mind, are very helpful in reducing inflammation of the peridental membrane, as well as alleviating pain of gum irritation.

I always keep them on hand as I find occasion to use or prescribe them frequently.

Very truly yours,  
*D. E. Smith*

Recent correspondence with leading dentists has revealed that, in addition to their value in the treatment of pain during Root Canal Therapy, POLORIS DENTAL POULTICES are widely used by the Profession as a quick-acting anodyne in cases of pericementitis, gum-inflammation and irritation, abscess, pre-operative preparation, post-operative pain, and "telephone-treatment" of non-serious night calls. You may rest assured that when you prescribe POLORIS relief is speedy and safe.

For FREE SUPPLY of these practice-building products... send your card or letterhead to Poloris Company, Inc., 12 High Street, Jersey City, N. J.

Illustration of Root Canal Therapy. The diagram shows a cross-section of a tooth with a root canal. The text describes the process of filling the canal with a material called Poloris Dental Poultice. The text also mentions that the poultice is used to relieve pain and inflammation. The text is partially cut off on the right side.

# Relief... during of Canal Therapy"

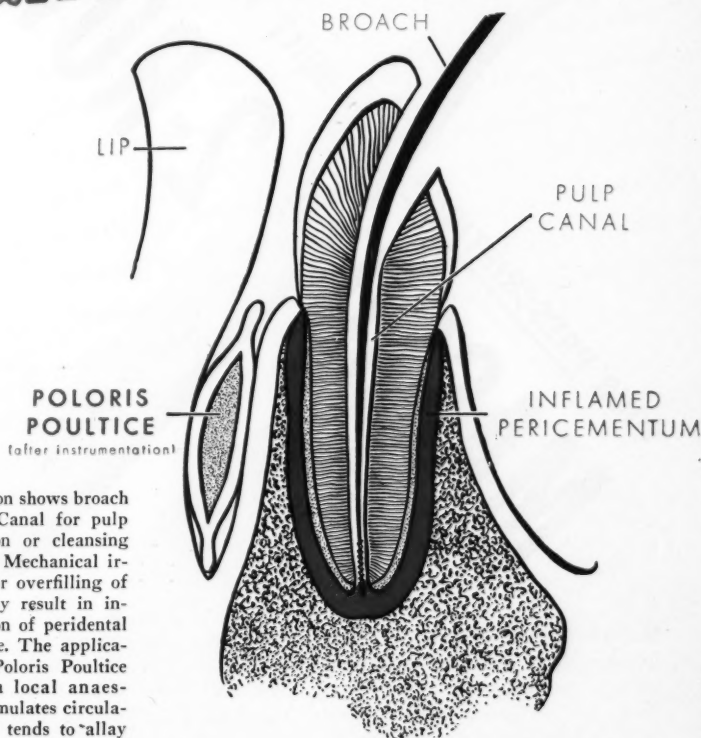


Illustration shows broach  
in Root Canal for pulp  
extirpation or cleansing  
of canal. Mechanical ir-  
ritation or overfilling of  
canal may result in in-  
flammation of peridental  
membrane. The applica-  
tion of Poloris Poultrice  
acts as a local anaes-  
thetic, stimulates circula-  
tion, and tends to "allay  
inflammation.

Describe **POLORIS**

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Masso 2-Row has never been advertised to the public . . . it has never been sold by high pressure methods. It is, and always has been, a purely "ethical product" . . . dependent upon your prescriptions for sales.

We believe the reason that this brush (illustrated here in actual size) has proved such a success, is that it so exactly fits

the precise requirements for a tooth brush as modern dentists analyze them. The small, flat-trim head is exactly one inch long. The unbleached *genuine* bristles have unusual firmness with extreme resilience . . . and the two rows of six tufts are widely spaced and easily cleaned.

Masso 2-Row sells for 35¢. Any drug store can fill your prescription.

**Pro-phy-lac-tic Brush Co.**

**Florence, Mass.**

1915

THIS MONTH will be observed as the twenty-fifth anniversary of the Harry J. Bosworth Company. It is June . . . Spring of a new year . . . and Start of another quarter century of continuous Bosworth service to the dental profession. As we pause to look back over the years, we salute all of the many friends who have made our growth possible. We are sincerely appreciative of the loyalty, co-operation and business given us. We look forward to all that the future holds in store, hopeful to share in the progress of the profession, and to do our share towards making that progress better and better for you and you and you.



**HARRY J. BOSWORTH CO.**

1315 S. Michigan Ave., Chicago

1940

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## 2 FREE STICKS OF PLASTICOLL

Plasticoll continues outstanding among elastic impression materials through its

### 3 PROVEN POINTS OF PERFORMANCE

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2. Lower mouth temperature...means...greater patient comfort.
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A trial will convince you...so don't miss this exceptional offer of "14 for 12".

*This offer expires July 15th, 1940  
Good only in the United States*

**SEND  
FOR YOUR  
TODAY**



# PERFORMANCE

*Request of His Majesty*

**The American Dentist**

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**BIG BAKER'S DOZEN OF PLASTICOLL**

This is the bargain offer which met with such unparalleled success in 1939 that we are repeating it again this year.

"Give us another chance at that Big Baker's Dozen deal," say hundreds of dentists who last year failed to take advantage of this unusual offer. Thousands of other enthusiastic dentists who did not "miss the boat" have besieged us to repeat the offer again in 1940.

So here it is . . . *for a limited time only* . . . the BIG BAKER'S DOZEN . . . 14 full sticks of tougher, stronger, smoother Plasticoll for the regular price of 12. A postage-paid card is attached below for your convenience in placing your order at once . . . just tear it out and mail TODAY.



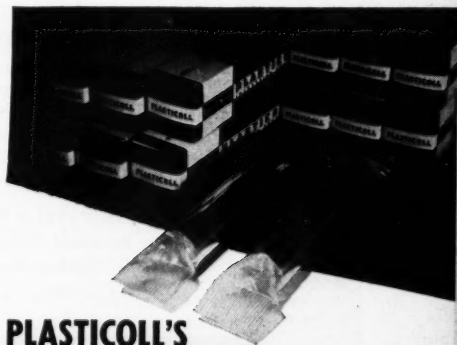
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NOW**

*Offer expires July 15, 1940*



### PLASTICOLL'S

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Science now has a method for measuring the intensity of bad breath. Studies have shown that more people have feter ex ore than was generally believed. The dentist who desires to rid his patients of offensive breath odors should consider constipation as a cause. He can depend upon . . .

## **SAL HEPATICA for Thorough Laxation**

SAL HEPATICA is gentle, acting through retention of liquid bulk in the intestines. It serves to counteract excessive gastric acidity and to stimulate bile flow. Try pleasantly effervescent SAL HEPATICA whenever you need a good aperient . . . May we send samples?



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Gastric Acidity.*

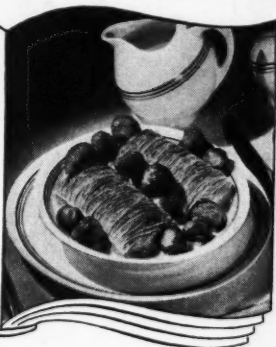
**SAL HEPATICA** *action  
resembles that of certain  
famous natural mineral  
spring waters known for  
their aperient properties.*

**BRISTOL-MYERS COMPANY**

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## A June breakfast with well rounded nutritional values



With fresh berries coming into the market we suggest this one-dish breakfast with a pleasing blend of flavor and a wide range of vital nutrients. It consists of National Biscuit Shredded Wheat, milk and strawberries.

These biscuits are whole wheat (nothing added), steamed and then toasted crisp in the form of tender strands. An analysis of National Biscuit Shredded Wheat plus a cupful of milk shows the following nutrients naturally present:

**CARBOHYDRATES.** Our product is 77% carbohydrates. Milk has about 5%.

**PROTEIN.** Our product is 10% protein. Milk has over 3%.

**IRON.** Our product is an excellent source, with .0034%. Milk has .0002%.

**CALCIUM.** Our product has .04% Milk has .12%.



**PHOSPHORUS.** Our product has an excellent content, .42%. Milk has .09%.

**VITAMIN B.** Approximately 120 Sherman-Chase units in two biscuits. One cupful of milk adds approximately 77 Sherman-Chase units.

**VITAMINS A and G.** Our product gives these vitamins in lesser quantities. Milk is rich in both of them.

**ENERGY.** In two biscuits and one cupful of milk are approximately 370 calories.

Add to this the Vitamin C provided by strawberries, and you have a breakfast of well rounded nutritional values—a breakfast hearty and hunger-staying but not extremely heavy.

Its low cost and the speed and ease of fixing it make it a practical breakfast for any family or institution. It has been found that National Biscuit Shredded Wheat has an appeal to the majority of tastes. It is pure whole wheat in an exceptionally appetizing form, without artificial flavoring of any kind. The needed minerals and vitamins make it widely acceptable as a well balanced morning meal.

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"**N**AW—he hardly ever hurts me at all. He shoves some stuff in your gums first—he's a regular guy, my dentist!"

And there you have Billy's endorsement of his dentist. That dentist had learned the lesson of giving his patients real comfort—proper pain control. He knew the importance of relaxation and comfort to his patients—the ease of operation, the more effective use of operating skill and ability.

These young patients can mean a lot in the average practice. There is a new one born each 13 seconds—2,500,000 new babies each year! Apply all the factors you please, for elimination of the strata that never see a dentist. Think in terms of the average practice covering only 430 patients—there still are a lot of children to work on and to build into real patients, real friends, real "rooters" for you. And children mince no words in talking to others, about your work.

Thousands of modern, successful dentists have found in Novocain-Cobefrin the answer to their problem of selecting the best local anesthetic possible for the majority of their operations—sensitive cavity-preparations as well.

Novocain-Cobefrin is available in Cook or R. B. Waite cartridges and ampules and in a form that can be alkalized freshly, at the chair—no tablets, no special equipment necessary. Cook solutions are prepared in a normal saline vehicle—R. B. Waite solutions have a compound, chemical base.

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JUNE  
1940

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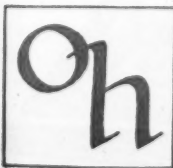
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REACHING 40,000,000 PEOPLE—**

## **SEE YOUR DENTIST EVERY 3 MONTHS!**

Don't wait until teeth  
ache. Visit your Den-  
tist every 3 months so  
he can study occlusal

surfaces, detect and  
fill small cavities and  
keep a close watch for  
gum disorders.

# **HOW 95% PATIENTS WITH GINGIVITIS IMPROVED IN 30-DAY TEST PERIOD**

A recent clinical investigation under the supervision of 3 practicing Dentists and sponsored by Forhan's showed that 795 patients out of the 1048 examined had Gingivitis. 91 had Pyorrhea. 162 had normal gum conditions. 564 patients were given dental prophylaxis. *All* patients were instructed to massage their gums for a 30-day test period with Forhan's Toothpaste and Forhan's Gum Massager.

Results were then disclosed:

95% Gingivitis cases improved.

99% Pyorrhea cases improved.

100% having normal gum conditions maintained gums in healthy condition.

These results appear to justify that brushing teeth and massaging gums with Forhan's Toothpaste and Forhan's Gum Massager under professional dental care proved to be a helpful adjunct.

*Clinical samples sent upon request to Forhan's, New Brunswick, N. J.*

**FREE** To your patients: a 50¢ Forhan Gum Massager will be sent any patient if they send us empty carton of large size Forhan's Toothpaste



## PUBLICITY TRIUMPHS OVER TRUTH

by HOWARD R. RAPER, D.D.S.

ON TUESDAY EVENING, April second, a little after 7 o'clock, mountain standard time, a voice came into my living room through the loud speaker of the radio, saying:

"Next week when you take the letters from your mail box you will see for the first time a new United States postage stamp. On it will be a face you probably never saw before and under it a name you have probably never heard—the name of Doctor Crawford W. Long. Yet this man may have played an important part in your own life. Come back with us to a day in March, 1842.

We are in the little town of Jefferson, Georgia, in a doctor's office."

The voice was that of Mr. Gabriel Heatter, master of ceremonies of the commercial program, "We, The People." The scene shifted to Doctor Long's office, back in 1842. James Venable, for whom Doctor Long removed a tumor, was speaking something like this:

"No. No, I can't go through with it, Doctor, I am afraid—that knife — I know what it's going to be like, cutting into my neck. I couldn't stand it."

"But those tumors have got to



come off, Jim, before the poison spreads to your brain. You've just got to stand the pain."

From here on I shall interrupt the action of the play in order to debunk it. The tumors on the back of Mr. Venable's neck were probably cysts, and there was no danger whatever of them spreading poison to the brain. Now back to the play.

"I can't Doctor. I have heard of people dying from pain like that."

"Yes. Yes, some people do die from pain like that. But in your case there is no choice. Those tumors have got to be removed. They can't be left more than two months."

"I don't want to die. I'm young. I want to live, and I know I couldn't stand that terrible pain."

I interrupt again to say that, while it is true that people died from the shock of surgery prior to the discovery of anesthesia, such deaths occurred in cases of major surgery, *not* in cases of minor surgery such as the removal of the "tumor" from James Venable's neck. Back to the play again:

"I am going to tell you something, Jim. I have been experimenting with a chemical they call ether. I think I have found something—the way to kill pain."

"What is it, Doctor?"

"But it might not kill the pain, it might kill you."

"I don't care. I'll try anything, anything, if it will kill the pain."

"It might work. It might be

the thing we doctors have looked for all these years. Ether might be the end of pain, but if you die people will say I murdered you. It will ruin my career. I will be through—finished. But I will do it."

"Doctor, you have got to do it. If it is only a chance, we both have to take it."

Again I interrupt. There are no records to indicate or even suggest that Doctor Long had been "experimenting" with ether prior to his use of it on James Venable—unless you would call attending "ether frolics" and inhaling ether for the fun of it experimentation; and if you do this, you are perfectly justified in speaking of your next cocktail party as an experimental study of the physiologic effects of alcohol.

Doctor Long did not need to tell Jim Venable about ether. He knew that Mr. Venable was quite familiar with its intoxicating effect, that he was an "ether frolicer." That is why, instead of suggesting that he take a drink of whiskey to prepare for the operation—as was the custom of physicians and dentists of that day—Doctor Long suggested that he smell some ether. It was all very simple and natural—not at all dramatic, unless you can see drama in realism, and irony and tragedy in the spectacle of a man not seeing a great discovery which was right under his nose.

The play proceeded with sound effects of the opening of a bottle and the pouring of ether on a towel. Doctor Long then engaged



*"Fame may be, and frequently is, less a matter of accomplishment than of energetic and well directed publicity; and the Long advocates are the best publicists."*

the patient in conversation. Finally the patient says: "It's funny, Doctor, I can't see you very well—getting so sleepy—so-o-o sleepy——" There is a terrific blare of music, indicating that the patient has passed under the influence of the ether, then Mr. Heatter's voice again saying:

"We next give you the only living child of that Doctor Crawford W. Long. She's his eighty-year-old daughter. *We, The People*, brought her from Atlanta, Georgia. Mrs. Eugenia Long Harper."

Mrs. Harper spoke as follows:

"The patient, James Venable, lived! I remember when I was only a little girl, mother told me about that operation, how father came home that night and said, 'Mary, I think I've done it. I think I've found the way,' and he told her how he performed the first painless operation with ether. Mother told me that before ether anesthesia father had to work as quickly as he could, with his nerves on edge listening to the screams and groans as four or five men held the patient on a table; how he used to suffer with the patient's torture as the knife cut into the flesh and of his hope as he watched the patients die from the shock of the knife. His greatest wish was that it all could be ended and now he had ended it. To be certain that ether anesthesia was the answer he tried it again—more operations with ether—amputations of the fingers and toes and still no pain. That was almost a hundred years ago. Now ether anesthesia is rec-

ognized as one of the greatest contributions to medical science. During the lifetime of almost every person ether has saved untold suffering. I am proud that I could live to see the Government honor my father next Monday when it issues the Crawford W. Long memorial stamp."

And that concluded the part of the program devoted to the story of the discovery of anesthesia. Let us see what we had been told, and label the items true or false. We were told:

That Doctor Long may have played an important part in *your* life—*false*.

That Doctor Long *deliberately* set himself the task of finding a means of relieving the pain of surgery, which culminated with the operation on James Venable—*false*.

That James Venable's tumors were killing him—*false*.

That the operation for their removal was very dangerous to the life of the patient—*false*.

That Doctor Long was afraid that the ether might kill the patient—*false*. For Doctor Long knew that the patient was "accustomed to, and fond of" (Doctor Long's words) taking ether for fun.

That Doctor Long reported the incident to his wife, saying, "Mary, I think I've done it. I think I've found the way"—*probably false*. If Doctor Long reported the operation to his wife, she is the only one to whom he did report it, for he never made any effort at all to give

the news to his medical colleagues and the world.

That Doctor Long's "greatest wish was that" the pain of surgery be stopped and that "he ended it"—*false*. Doctor Long did not bring surgical anesthesia to the race either deliberately or accidentally.

That Doctor Long was first to use ether as an anesthetic—*true*. But the implication that because of this he must have been the one who brought the gift of anesthesia to humanity is utterly false.

### Legend Grows

That Long legend is growing. Presently, if things continue to go as they have been going for the past decade, Doctor Long will be receiving the major share of the credit for the discovery of anesthesia. Already he has eclipsed Wells, who started the train of events which brought us anesthesia—and sacrificed his life in the effort.

Fame may be, and frequently is, less a matter of accomplishment than of energetic and well directed publicity; and the Long advocates are the best publicists. Their battle cry is the catch phrase, "he was first to use ether as an anesthetic." If they wanted to be honest, they would add: "But, unfortunately, he evidently did not recognize the significance of what he had done—failed to develop the idea or report it and left it to other men to introduce anesthesia."

Present day Long advocates

tell us that Doctor Long was too modest to push his claims for credit and that is why he received so little during his lifetime. I do not slander Doctor Long when I say he was not excessively modest, and I deliberately pay him a significant compliment when I say that he seems to have been quite honest. It was the quality of honesty in him that kept him from getting any more credit than he deserved. His present advocates are hampered by no such blighting quality.

It is not widely known, but another American physician named E. R. Smilie also used ether anesthesia before Wells and Morton discovered and introduced it. He failed to follow up the idea and was so disgusted with himself on that account that he wrote of his own work: "In view of my discovery of a power that would overcome painful bodily sensation under the operation of the surgeon's knife, I cannot see that there pertains to it the slightest degree of merit." He then goes on to say that its only significance lies in the fact that it forms a part of the "sequence of events, which under a bolder administration" and "by the aid of surgeons" led to the control of surgical pain. The medical profession may well be proud of Doctor Smilie's courage and Doctor Long's honesty; but there is no occasion for taking pride in the failure of either. Both failed and both admitted it, Smilie with a show of impatience at himself, Long with complacency.

It is time for dentistry to stand up on its own two feet (or however many feet it has) and say to the world, "Yes, we discovered surgical anesthesia. The honor belongs to us, and to nobody else."

### Fear Hampers Us

We are afraid to say such things because we have an uneasy feeling that perhaps the man to whom we might say such a thing may know something about the discovery that we do not know. But the fear is groundless. Those who deny dentistry this honor, do so, not because they know something that we do not, but because they do not know something we do—or should.

The average man does not have either the inclination or the opportunity to make a thorough investigation of the subject. It takes years and necessitates access to libraries that are inaccessible to the majority. Most of the literature—and there is an unearthly lot of it—must be read in order that one may develop the necessary critical sense to know what to believe and what not to believe. What I am saying is that the average man has virtually no chance to form his own conclusions based on his own original investigation. He must accept the conclusions of others, who may or may not deserve the confidence. This being the case, and until you may make your own investigation, I suggest you take my word for it that you cannot go wrong in defending den-

tistry's right to be accorded the credit for the discovery of anesthesia.

The feeling that perhaps medical men are better informed on the subject than you may be is not well founded. Neither the average dentist nor the physician is very well informed. It is to the credit of dentists that they not infrequently are more willing to admit the fact, but there is nothing particularly admirable in being too wishy-washy to defend ourselves against injustice. Perhaps it may give you a little more self-confidence if I tell you something of medicine's history in this connection.

In 1870 the American Medical Association passed a resolution designating Horace Wells as the discoverer of anesthesia. In 1920 the physicians of America transferred their allegiance from Wells to W. T. G. Morton and won for him his place in the Hall of Fame, and placed his bust in the section reserved for physicians. On the cover of *The Military Surgeon* for April 1940, we find a picture of Doctor Crawford W. Long, and in an editorial in the same issue of the magazine we come upon this sentence: "The whole medical profession now claims Doctor Crawford W. Long as the true discoverer of the use of anesthetics in surgery." Thus we trace the knowledge of the medical profession. When they knew most about the subject they acclaimed Wells. When they knew a little less, they acclaimed Morton. Today, when they know

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least, they are turning to Long.

The whole medical profession, by the way, does not acclaim Long. It is only that part of the profession satisfied to believe what it wants to believe without investigation. Of course that takes in quite a chunk, but there are medical men who know better, and others who know that they do not know. Incidentally, the best short pamphlet on the subject of the discovery of anesthesia was written by a physician, the late William H. Welch, of Johns Hopkins, a man held in such high esteem by his brother

physicians that for some years before his death he was known as, "the Dean of American Medicine." Doctor Welch gives Doctor Long substantially no credit at all.

There is a saying that medicine buries its mistakes. This doesn't seem to be true in the case of Doctor Long's terrific mistake in not recognizing the possibilities of etherization. Perhaps medicine does not have the heart to dig the grave. Organized dentistry should lend a hand.

1516 East Silver Avenue  
Albuquerque, New Mexico

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## THE COVER

ORAL HYGIENE's cover is dedicated to the Pennsylvania State Dental Society which is cruising this month on Lake Erie and Lake Ontario, with stops at some of the Thousand Islands in the St. Lawrence River.

This is the society's fifty-ninth annual convention. It starts June 13 and closes on June 16. Doctor G. S. Phillips of Meadville, Pennsylvania, is president of the organization. Doctor C. J. Hollister of Harrisburg, executive secretary, is in charge of arrangements for this novel dental meeting.

Like most of ORAL HYGIENE's Kodachrome cover illustrations, this one is the work of Homer and Dorothy Sterling of our staff. The ship and the puppet dentist (who is giving one of the scientific sessions a miss) were manufactured by the Sterlings.

# THE DENTAL BOYS LOVE TO TAKE IT

by WALTER H. JACOBS, D.D.S.

WHEN A MAN is determined that his chin must be the resting place for the world's hard knocks, the best thing to do is to leave him alone. Don't argue, don't worry him, and don't start telling him about his rights and privileges, because this usually only makes him want to absorb more worldly punishment.

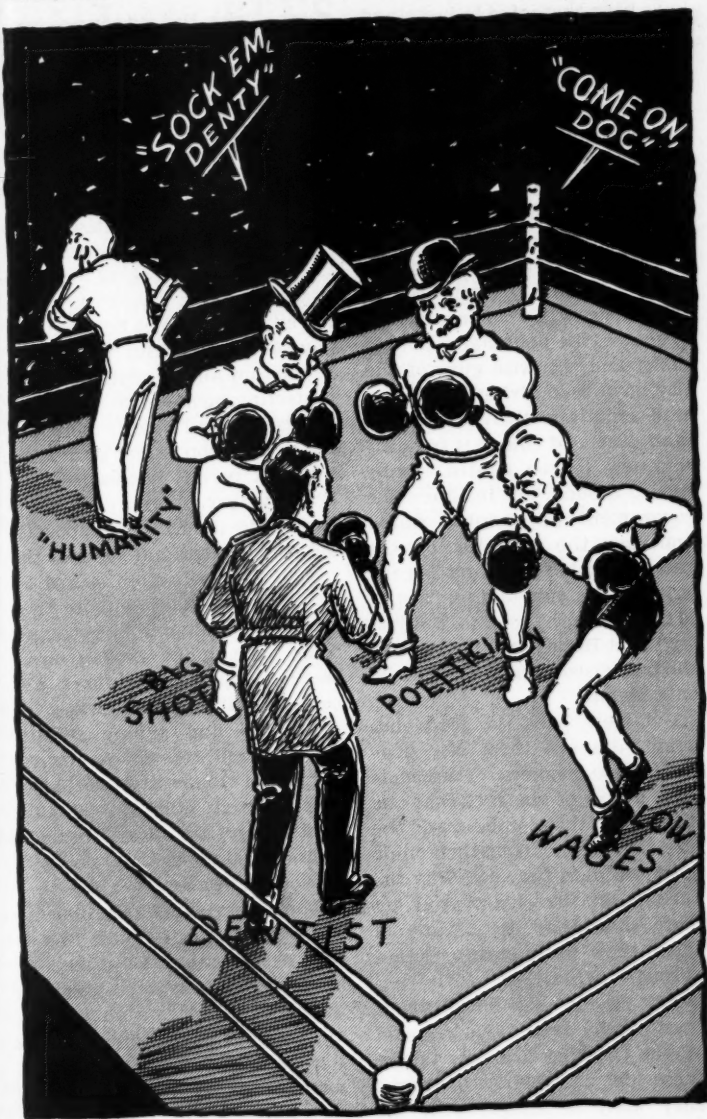
In the training gyms where the fighters get in condition there always are the boys who never get in the main bouts. They never get their names mentioned by the sports writers. They never get attention when the championship fights go on. These are the boys who get battered about, taking a few bucks to serve as sparring partners to the men on top or to be used as human punching bags for the kids on the way up. Now, the interesting part is that they never complain, they never unite, and they never protest. They are quite contented just to be tolerated on the fringe of the "racket," even though they are, unknown to themselves, indispensable to the sport. They are quite satisfied to get their brains knocked out and their ears scrambled for a few miserable dollars, and when they walk past the big shots and wise guys they

are given a smile and then the wise guys wink to each other knowingly. In this way there is no trouble and everybody is happy.

What brings these none too pleasant thoughts to mind are some recent New York newspaper items, "City Urged to Keep Its Dental Staff"; "Dental Pay Cuts to Be Made on City Service"; and others. Here we are in 1940—we have all just finished reading beautiful stories explaining the wonderful service that has been rendered to "humanity" by our profession. "Humanity," that great ectoplastic mystery, has been informed how dentistry brought esthetics, surcease from pain, and great comfort into a sorely harassed world. "Humanity," that most beautiful of words to express almost anything the politicians wish, has been preached to, radioed at, and "public relationed" about the debt that it owes to dentistry. And then what happens? A great city, composed at least in part of "humanity," has to be urged to keep its dental staff and has to be pleaded with to pay this staff a wage equal to the service given!

Soon we begin to see dentists looking like the "round heel" push-overs in the gyms. They





"It looks as if 'humanity' . . . isn't going to look after them."

have been contented to just stand around and take it, to get battered about, made to sign in and sign out, punch clocks, and make out reports. And for what? For peanuts! For the measly salary of \$1,200 to \$1,800 a year! For just about what a high class Bowery tramp would consider a fair hand-out. And this terrific compensation comes from a city shooting its mouth off about the great **WORLD OF TOMORROW!** In the meanwhile, of course, the politicians, the big shots, and the wise guys of the city have been giving the boys a kind smile and then winking to each other. Of course it is nothing new to see dentists being shoved around. For instance, the government will print a stamp honoring the inventor of the "non-dunkable doughnut," or the writer of its outstanding "advice to the love-lorn" column. But just try to get Horace Wells, a dentist, the true discoverer of anesthesia, on a stamp!

But now back to economics again—are not these city dentists, these nephews of Aesculapius, aware of the fact that the carpenters, the plumbers, and the electricians who fix up their clinic get more than they do? Why the barbers on the city payroll get more than they do! If any of those boys were putting a kid through dental school the expenses would be almost more than their salary each year! Maybe the boys are only taking these jobs as a hobby, or maybe they want to mingle with the common people to get color for

short stories. But if they are taking the \$1,200 as a salary it is just about time for dentistry to step in and start looking after its own. Because it looks as if "humanity" (whatever the hell that is) isn't going to look after them.

It would not be too difficult either. Just ask the dentists serving the hospitals, clinics and "humanity" to knock off for a day or two until the boys working for the city get a decent break at the pay-off window. But this would be too easy and dentists would be protecting members of their own profession. And what is more, the big boys on top of the profession wouldn't permit it because that is how vulgar laborers get what is coming to them. But suppose it did come about, and suppose the rest of the profession backed up its own men—and suppose in a few days "humanity" developed some nice juicy swollen jaws, smelly suppurative sinuses, abcessed teeth, painful fractured mandibles and aching molars. Why it would be even money our old friend "humanity" would hot foot it damn quick to see that dentistry got what was coming to it financially this time, not only in words of praise!

The old gag about a chain being as strong as its weakest link is still true even in these days of acrylic resins, electrocoagulation, and vitamin "q." And what is just as true is that a profession can rise no higher than its weakest member. Never mind what our men in the "main bouts" are get-

(Continued on page 714)

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# DENTAL FEES

## *in the City and Suburbs*



	<i>Cleveland</i>	<i>Suburbs</i>
Local anesthesia, single tooth	\$2.10	\$1.49
Each additional tooth, same anesthetic	1.15	1.02
General anesthetic, single tooth	4.98	5.22
Each additional tooth, same anesthetic	1.10	1.00
Charge for Postoperative Treatments Yes-101 No.-164		Yes-31 No.-38
Fee for Postoperative Treatments	\$1.04	\$1.02



Single film	\$1.40	\$1.43
Bitewing—Single film	1.37	1.46
Full mouth	8.32	8.61
Number of films	13.02	12.6
Bitewing—Full mouth	\$5.19	\$4.35



Amalgam—one surface	\$2.37	\$1.77
Amalgam—two surface	3.52	2.61

	Cleveland	Suburbs
Amalgam—three surface	\$5.07	\$3.70
Gold Inlay—one surface	8.03	6.91
Gold Inlay—two surface	11.89	9.98
Gold Inlay—three surface	15.37	13.32
Gold Foil—simple	6.95	5.55
Silicate Restorations	3.31	2.67
Cement Fillings	1.62	1.23
Extra charge for cement base	Yes-165 No-118	Yes-49 No-20
Fee	\$1.10	\$ .80
Extra charge for local anesthesia or analgesia	Yes-150 No-130	Yes-44 No-24
Fee	\$1.36	\$1.02
Prophylaxis	2.57	2.11
Fee per sitting	2.08	1.84
Treatments, per sitting	1.94	1.46



## Crown & Bridge

Porcelain Jacket	\$30.75	\$25.74
Three Quarter Crown—Anterior	15.62	13.16
Cast Gold Crown	16.96	15.12
Bridgework, soldered backing, per tooth	11.08	9.73
Cast backing with porcelain tips	16.12	13.12
Removable Bridgework, with clasps, per tooth	18.52	14.27
Removable Bridgework, with attachments, per tooth	27.16	15.65



## Partial Dentures

Vulcanite, with clasps	\$50.45	\$37.28
Condensite, with clasps	66.87	55.94
Lingual or Palatal Bar Cases		
With Vulcanite Saddles	61.84	47.39
With Condensite Saddles	81.48	62.66



	Cleveland	Suburbs
Vulcanite, Full Upper or Lower	\$41.26	\$30.71
Full Upper and Lower	81.43	60.47
Cellulose Material, Full Upper or Lower	55.73	43.40
Full Upper and Lower	108.19	85.21
Condensite, Full Upper or Lower	65.22	50.59
Full Upper and Lower	125.58	97.82
Metal Base, Full Upper or Lower	112.44	78.75
Full Upper and Lower	218.99	182.77
Relining Full Denture (Single) Vulcanite	10.45	9.74
Cellulose	17.35	14.87
Condensite	23.73	16.52
Metal Base	34.90	34.00
Duplication of Dentures, Vulcanite	25.03	16.98
Cellulose	32.14	26.96
Condensite	40.83	31.03
Repairs, Single tooth, Vulcanite	2.91	2.50
Cellulose	5.18	4.80
Condensite	6.80	5.65
Repairs, Fractures, Vulcanite	3.52	2.93
Cellulose	7.22	6.25
Condensite	9.52	8.50

The average fees charged for services in Cleveland and Northeastern Ohio were obtained by tabulating figures collected by the Cleveland Dental Society from questionnaires sent out to dentists in October, 1938. Other data obtained in this interesting survey of dental practice was published in the April, 1940, issue of ORAL HYGIENE.

### CHANGE OF ADDRESS

ORAL HYGIENE will be grateful to readers who change their addresses if they will send both the old and the new address. Please also allow at least two weeks for an address change to become effective. Mailing wrappers are of necessity addressed two weeks or more prior to the publication date; hence when your address change reaches us late in the month preceding publication it is often impossible to make it effective before the second month following.

# *A Dentist Rescues*

## EMPRESS EUGÉNIE

by MARCELLA HURLEY

PARIS WAS IN the hands of the revolutionists—a restless, swaying mob, of men, women, children, and dogs. The Second Empire had fallen “like a pack of cards before a puff of wind.” It was a Sunday afternoon in early September of the year 1870. From the balcony of his office in the Rue de la Paix, Thomas W. Evans, American dentist and confidante of Napoleon III, watched fascinated, unbelieving, as he saw shopkeepers trying with desperate haste to remove or destroy the insignia of the Emperor, which only a few days before they had eagerly sought or proudly possessed. Presently he was joined by Edward A. Crane,<sup>1</sup> an American physician, whom he had invited to meet him here and go for an afternoon drive in the Bois de Boulogne.

Being unable to do anything about the Revolution, they drove hurriedly out of the business quarter and passed into the boulevards full of quiet, orderly promenaders, who were unaware of the extent of the disaster that had overtaken the Empire. As the

Americans rode along in their comfortable equipage, they talked of the gentlemen’s dinner party that Doctor Evans was to give that evening at his home. Mrs. Evans being away at Deauville, Doctor Evans decided, as they approached the house, that he would stop and give an order to his servants before driving on to the Bois. Handing the reins to Doctor Crane and saying he would be gone but a few minutes, Doctor Evans walked rapidly to the entrance. A servant came running toward him saying excitedly, “There are two ladies in the library. They have not given me their names . . . but they seem very anxious to see you and have been waiting for you for more than an hour.”<sup>2</sup>

Not having the least idea what visitors could be calling on him in this singular and mysterious manner, Doctor Evans hastened to the library and was greatly astonished to find the Empress Eugénie and her friend, Madame Lebreton.

“You are surprised to see me here,” said the Empress. “The

<sup>1</sup>Doctor Crane edited the *American Register*, the first American newspaper in Paris. It was established and supported by Doctor Evans and ceased publication shortly after his death.

<sup>2</sup>Evans, T. W.: *The Second French Empire, Memoirs of Doctor Thomas W. Evans*, edited by Edward A. Crane, M.D., New York, D. Appleton and Company, 1905.

Government is in the hands of the Revolutionists . . . And I have come to you for protection and assistance, because I have full confidence in your devotion to my family. The service I now ask in my behalf, and in that of the lady who is with me, will be a severe test of your friendship."

Doctor Evans at once assured the Empress that he would be "only too happy to give her the protection she sought" and would do all in his power to assure her personal safety.

Thanking him with some emotion, Eugénie said, "You see, I am no longer fortunate . . . I am left alone. Here is my last dispatch from the Emperor at Sedan."

Taking the dispatch Doctor Evans read, "The army has been defeated and captured. Having been unable to get killed in the midst of my soldiers, I have been obliged to give myself up as a prisoner in order to save the army."

Deeply moved by this further evidence of her serious plight, Doctor Evans asked the Empress if she had any special plan of escape she wished to execute. After explaining that a mob had threatened the Tuilleries, almost cutting off her escape, she said she wished to go to England and expressed "a very earnest desire to leave Paris as quickly as possible . . . to get beyond the reach of the mob." The Empress fully realized that she "the Spanish woman" now occupied the unenviable place that Marie Antoinette, "the Austrian," once held in

the minds and fury of the Paris mob.

Excusing himself for a few minutes to the Empress, Doctor Evans asked his friend to entertain the dinner guests, mostly members of the American Sanitary Commission who were to lay plans for care of the wounded in case of a siege of Paris. When he returned to talk to the Empress, Doctor Evans prevailed on her to give up the idea of starting out at ten o'clock that night and leave instead early in the morning. They discussed at length a plan of procedure, settling on Deauville as their objective. Doctor Evans pointed out that his wife was still at the Hôtel du Casino and would be of great assistance to them, and it was also a place where it might be possible to find a yacht or boat to take the Empress across the English Channel.

"It was next settled," Doctor Evans reports in his *Memoirs*, "that we should begin the journey in my own carriage,<sup>3</sup> since we felt pretty sure that we could count on finding relays of horses along the route in such towns as Mantes, Évreux, and Lisieux."

Fortunately, the Empress had hastily collected a few passports before she left the palace. One of these Doctor Evans found had been obtained from the British Embassy. It was not only a passport to England but was issued for a well-known physician and his patient and would make it

<sup>3</sup>Doctor Evans' carriage in which Empress Eugénie fled from Paris is now in the Evans' Museum at Spruce and Forty-First Streets, Philadelphia.





possible for them to develop a plausible plan of escape. To conceal their identity, it was decided that Doctor Crane would impersonate the physician; Empress Eugénie, his patient; Doctor Evans, her brother; and Madame Lebreton, the nurse.

This much progress having been made, the Empress and her friend retired, promising to be ready early in the morning. But the responsibility of the under-

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a taking weighed heavily on Doctor  
Evans. "Neither Doctor Crane nor  
I thought of rest," he says, "and  
although I could rely entirely on  
the fidelity of my servants, we  
both sat up the whole night  
watching over the safety of her  
Majesty." Later the Empress re-  
ported that the night had been a  
sleepless one for her also.

At five-thirty on the morning  
of September fifth, Célestin, the  
coachman, drove up to the door

in the four-seated covered car-  
riage. "We left the house dressed  
as we were the evening before,"  
Doctor Evans recalls. "Not a bag,  
not a package even of toilet ar-  
ticles, did one of us carry. The  
Empress had on a black cashmere  
dress . . . over this she wore a  
dark-colored, thin waterproof  
cloak . . . A round black Derby  
hat, to which was attached a plain  
black veil, completed her costume.  
Not the slightest attempt had

been made to disguise her person, beyond such concealment as might be afforded by a dress too simple and common to attract attention.

"Madame Lebreton entered the carriage first, taking the back seat on the right hand; the Empress took the seat on the left. Doctor Crane sat opposite Madame Lebreton, and I took the place opposite the Empress."<sup>2</sup> With this arrangement the Empress would be out of sight of the guards stationed on the left-hand side of the city gate through which they were to pass. The only open window was on the side occupied by Madame Lebreton.

It was a clear, fresh, pleasant September morning. A few minutes before sunrise Doctor Evans gave the order to his coachman to start. Driving hurriedly through the city streets, they saw shopkeepers taking down their shutters, street sweepers at work, and the milk carts rumbling by as if nothing untoward had happened the day before.

### Through City Gates

Arriving at the city gate they reached their first hazard, and Doctor Evans tells how they negotiated it. "As an officer of the guard approached, I let down the window at my right; and on his coming close to the door of the carriage and asking me where we were going, I leaned forward and, partly filling the opening with my head and shoulders, told him that I was going with my carriage, horses, and coachman into the

country to spend the day with the friends who were with me; that I was an American; that I lived in Paris, and was well known to everybody in the neighborhood."<sup>2</sup>

Satisfied with this explanation, the guard at the Porte Maillot, unable to see the Empress because a newspaper adroitly held by Doctor Evans concealed her face, permitted the carriage to pass.

The party having escaped its first and greatest danger was now safely out of Paris and on its way to the coast. As they followed the route Impériale along the left bank of the Seine, the spirits of the Empress rose. She talked animatedly of her present difficult situation and the events that led up to it. She referred indignantly to the attempts that had been made to throw upon her person, ally the responsibility for the war—"a war justifiable solely because German diplomacy had put in jeopardy the prestige of the French nation."

"The French people," she went on to say, "have great and shining qualities, but they . . . lack steadfastness. They are versatile but volatile . . . In France we are honored today and banished tomorrow. It has sometimes seemed to me that the French set up their heroes, as it were, on pedestals of salt, so that when the first storm strikes them they tumble down to lie forever in the mud. In no country in the world is the step between the sublime and the ridiculous so short as in this. Only

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a few days ago I declared . . . that I would never leave the Tuileries in a cab, as Charles X and Louis Philippe did. And that is exactly what I have done."<sup>2</sup> Impressed by humor of this coincidence, the Empress could not resist the impulse to laugh.

As the carriage approached the city of Saint-Germain, momentary anxiety stopped all conversation. Fortunately the officers permitted the party to pass through the toll gate without question, and Doctor Evans ordered the coachman to drive rapidly through the city to avoid detection. Soon they were following the picturesque road to Mantes along the right bank of the Seine. Despite the heat and dust they did not pause until they neared Mantes. Here at a wine shop the men had lunch and Doctor Evans brought a roll of bread and bologna wrapped in brown paper to the Empress and Madame Lebreton, who feared to leave the carriage. Being able to adapt herself to any situation with ease and simplicity, the Empress broke off a piece of bread, pronounced it excellent, and borrowed Doctor Crane's pocket knife to cut off a slice of the sausage. Madame Lebreton had no appetite, however, and continued in the state of sadness and gloom she believed suited to the occasion.

In the city of Mantes Doctor Evans secured another carriage and horses to take them a short distance and he sent his own coachman back to Paris. Proceeding on their way a few hours

more, they reached the village of Pacy-sur-Eure where they found an elderly woman who was willing to supply them with a carriage but she had only one horse, a large gray mare. She knew, however, of a small chestnut horse that was working in a neighboring field. Doctor Evans hurriedly negotiated for this, and the mismated pair that had never been driven together were hitched to an ancient carriage for the trip to Évreux. As they stopped in one of this city's suburbs about five o'clock for lunch, the Empress was momentarily frightened by crowds of the Mobile Guard passing by and shouting "*Vive la République*." She could not help recalling that she was now about the same distance from Paris, but 80 miles to the West rather than 80 miles to the East, where Marie Antoinette, the King, and their children, had been recognized by the son of a postmaster and, in the midst of their perilous journey, arrested, and sent back to prison.

Changing horses and coachman at the next village, just before sunset, distracted the Empress from her apprehensive thoughts, and she forgot everything but the importance of making progress before night came.

### More Delay

Unfortunately the fresh, vigorous Norman horses proved too much of a strain for the rickety, old calash. A broken whiffletree that left the traces dangling about the heels of one of the

horses stopped all progress, and the farmer, who had reluctantly become their coachman some miles back, wanted to give the whole thing up and return home. He said it was too dark to repair the break and anyway he had nothing to use for repairs. Paying no attention to his grumbling, Doctor Evans and his friend got down, found an old halter in a box under the seat of the carriage, lashed the whiffletree firmly to the cross-bar, and all started off once more. This time they reached a small village, La Rivière de Thibouville, about a hundred miles from Paris. It was ten o'clock and, as they were well on their way to the coast, Doctor Evans decided they would spend the night in an inferior tavern called *Le Soleil d'Or*. The Empress, assuming the rôle of an invalid, was solicitously aided to climb the dark, narrow, steep steps to the room selected for her. When she saw it, she dropped into a chair and, surveying the rough, scanty contents with a rapid glance, she burst out laughing.

"Oh, *mon Dieu! mon Dieu, madame!*" exclaimed Madame Lebreton, "how can you laugh in this sad situation?" In a spirit of contrition the Empress then tried hard to look as solemn and view her predicament as seriously as did Madame Lebreton.

### To Deauville

Next morning, at the risk of detection, the party took a train to save time and reached Lisieux,

only eighteen miles from Deauville, about nine-thirty. It was a gloomy miserable morning with rain pouring down. As they had no umbrellas Doctor Evans insisted on going alone into the village to find a carriage. He left the Empress and Madame Lebreton standing under the *porte cochère* of a carpet factory with Doctor Crane on guard. More than an hour later Doctor Evans returned with a carriage to find his rain soaked passengers presenting a picture of complete abandonment. But soon they were all settled in the carriage beginning the last stage of their journey, and things began to look more hopeful. At three o'clock in the afternoon of the second day's journey from Paris they reached Deauville, having followed from Évreux to the coast much the same route as that taken by Louis Philippe in his flight from Paris twenty-five years before.

Leaving the carriage at the outskirts of the city Doctor Evans hurried to the Hôtel du Casino, entered through a side door, and was glad to find Mrs. Evans in her rooms. Telling her rapidly all that had happened, he learned to his relief that no news about the Empress had been received at Deauville. After recovering from her astonishment, Mrs. Evans prepared to receive her guests. Doctor Evans secured a large, green umbrella, as it had now begun to rain again, and went back to the carriage. Later the umbrella helped him to conceal the Empress from observers as he

Deauville hurried her and her companions through the side entrance of the hotel and up to Mrs. Evans' rooms. Here the Empress rested, had dinner, and remained until midnight. In the meantime Doctor Evans had spent the hours trying to convince Sir John Burgoyne, an Englishman, that he should aid the Empress and her party by taking them across the Channel in his yacht, the *Gazelle*. Finally, through the influence of Lady Burgoyne, he yielded to Doctor Evans' pleas and consented to undertake the trip, although complaining of the great responsibility he was being asked to assume.

Late that night Doctor Evans and the Empress walked three-quarters of a mile from the hotel through mud and rain to reach the yacht, and he vividly recalls his state of mind during that walk.

"It was a wild night, and as the sound of the distant surge of the sea came to my ears, it seemed to be the forerunner of some impending calamity. And it was! At that very moment (we later learned) the *Captain*, the most powerful fighting ship in the British navy, was struggling with the storm at the mouth of the Channel, where she sank an hour later, taking down with her . . . a crew of officers and men five hundred in number . . . her commander was Sir Hugh Burgoyne, a cousin of the man on whose small cutter we were so rejoiced to know we were to embark. . . ."<sup>2</sup>

On reaching the yacht the Em-

press was eager to know if the London papers contained any news of the Emperor or the Prince Imperial, her 14-year-old son, who had been removed from France some time earlier for his own protection. Although finding no news of them in the papers, the Empress suppressed her emotion quickly and thanked Lady Burgoyne for her great kindness. The women retired after some further conversation, but the men spent much of the night talking on deck. Memories of the past triumphs of Empress Eugénie's that he had witnessed haunted Doctor Evans all through the night, and long after he recalled it as the saddest one of his life.

In the morning Doctor Crane<sup>4</sup> said goodbye and started back to Paris with instructions as to how he was to handle Doctor Evans' affairs in the city, and messages from the Empress for her friends. A little after seven o'clock the yacht moved out of the Deauville harbor and made good headway until it ran into a violent squall at one o'clock in the afternoon. As the storm increased in fury it became impossible to keep the yacht in her course. Sir John wished to turn back and seek shelter in some

<sup>4</sup>"On dying, Doctor Evans left a full manuscript account of the memorable journey from Paris to the coast, and this manuscript, carefully edited by Doctor Crane, was published a few weeks before his own death in 1906. During the progress of the work, it was customary for Doctor Crane to consult the Empress whenever she passed through Paris. . . . The work is reliable in everything that concerns his carriage drive from Paris to Deauville."—*Memoirs of the Empress Eugénie*, by Comte Fleury, New York, D. Appleton and Company, 1920.



French port, but the Empress insisted she was not afraid and must go on.

### Reach England

With the approach of midnight, the storm abated and the yacht made its way safely across the remainder of the Channel dropping anchor at Ryde Roads at 4 a. m.

Of their safe arrival, Doctor Evans says:

"As soon as she heard that we were safely across the Channel, her Majesty requested me to thank the crew, as an expression of our appreciation . . . and at the same time I handed them some gold coins, which, it was suggested, they might keep as souvenirs of the voyage."

Shortly after they arrived in England, Doctor Evans learned that the Prince Imperial, young son of the Empress, had reached Hastings safely. Greatly to the relief and happiness of the Empress, he was able to arrange an early meeting between them, and both remained in that city for a few weeks. Meanwhile, Doctor Evans had been joined by his wife, and with her assistance he found a beautiful estate not far from London for the Imperial family. It was Camden Place at Chislehurst, and here the Empress and her son accompanied by four servants came to live on the twenty-fourth of September in 1870. In March of the next year, the Emperor, being released from im-

prisonment, coincident with the close of the Franco-Prussian war, joined his family, and continued to live at Camden Place until his death two years later.

Although Doctor Evans made frequent trips to the Continent to supervise relief work for French and German soldiers, he and Mrs. Evans did not return to Paris until almost a year after the flight of Eugénie. He found their home uninjured, but there was great destruction in many parts of the city, which caused him much distress. Of his homecoming, he says,

"I no longer recognized the Rue de la Paix, which I had entered for so many years nearly every morning and left every evening going to and from my office. I almost doubted if I stood at my own door in this busy thoroughfare.

"Dismayed and sick at heart, I returned home. It seemed to me that Paris would never recover from the ravages of two such fearful sieges. Soon, however, I saw that I was mistaken. Hardly six months had passed before most of the traces of this destruction had disappeared, and light-hearted Paris . . . forgot almost entirely the bitter consequences of war and revolution."<sup>2</sup>

Within a brief time after his return to Paris, Doctor Evans resumed dental practice in his office on the Rue de la Paix and continued to keep his office open until shortly before his death at the age of 74.



## DENTAL MEETING DATES

Pennsylvania State Dental Society, seventy-second annual meeting, aboard ship on the S.S. *South American* of the Georgian Bay Line, sailing from Erie, June 13-16.

Northeastern Dental Society, Swampscott, Convention, New Ocean House, Swampscott, Massachusetts, June 9-12.

Wisconsin State Dental Economic Study Club, tenth annual meeting, Madison, August 2-3.

National Dental Association, annual convention, St. Louis, Missouri, August 12-16. For information write to Doctor J. A. Jackson, 406 Commerce Street, Charlottesville, Virginia.

American Dental Association, annual meeting, Hotel Statler, Cleveland, Ohio, September 9-13.

American Dental Assistants Association, sixteenth annual meeting, Hotel Cleveland, Cleveland, Ohio, September 9-12.

The American Dental Hygienists Association, annual meeting, Carter Hotel, Cleveland, Ohio, September 9-13.

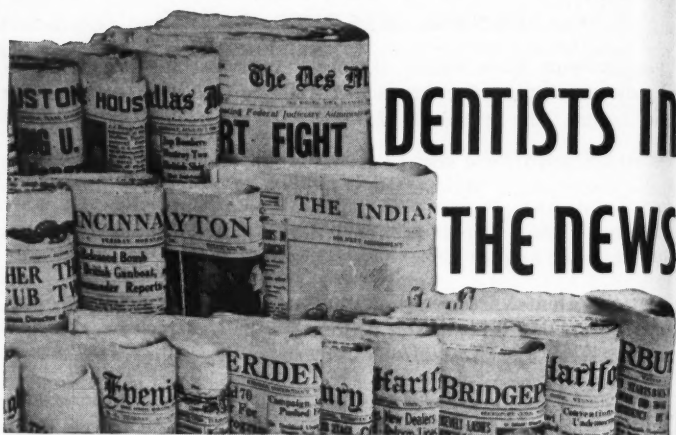
American Association for the Advancement of Oral Diagnosis, annual meeting, Academy of Medicine Building, 2 East 103rd Street, New York, N. Y., October 17-18.

## STATE BOARD EXAMINATIONS

Maine State Board of Dental Examiners, regular meeting, June 26-28, State House, Augusta. Applications along with necessary fee must be in the hands of the Secretary at least ten days prior to date of examination. For information write to Doctor Carl W. Maxfield, 31 Central Street, Bangor, Maine.

Mississippi Board of Dental Examiners, regular meeting beginning June 18, at Jackson. Application and fee must be in the hands of the secretary on or before June 8. For information write to Doctor A. B. Kelly, Yazoo City, Mississippi.

North Dakota State Board of Dental Examiners, regular examination, Gardner Hotel, Fargo, July 8-11. For information write to Doctor L. I. Gilbert, 401 Black Building, Fargo, North Dakota.



*Boston (Massachusetts) Post:* There is such a dearth of dentists in New England that, as in New Zealand, dental hygienists may have to be employed in our schools to make up for the shortage. This was the opinion expressed recently by Doctor William H. Griffin, President of the Massachusetts State Dental Society, when he addressed the fiftieth annual banquet of the Tufts College dental alumni. As one of the reasons for the shortage, Doctor Griffin suggested the change of the status of the Harvard Dental School which will shortly cease to graduate dentists as such. Because of the reorganization of the dental school system at Harvard, Doctor Griffin pointed out that Tufts will be the only dental school left in New England. He sighted the situation in New Zealand as an example of a country in which the authorities have been obliged to graduate, not dentists, but dental hygienists, who do dental work in the schools after

only two years of training. Doctor Griffin indicated that he regarded this as highly unsatisfactory from the point of view of public health.

*Dallas (Texas) News:* Emphasizing the importance of research in solving the dental problems of the people in this country, Doctor Arthur H. Merritt, President of the American Dental Association, called for a philanthropist with vision who is willing to do for dentistry what the Rockefeller Foundation has done so generously for medicine. In his talk before the Texas State Dental Society, he pointed out that the importance of research is now being recognized by public health workers, as a result of which there has recently been introduced in the United States Senate a bill calling for an appropriation for dental research of \$75,000 a year with an annual increase of \$10,000 for five years.

**San Diego (California) Union:**

After practicing dentistry for fifty years in San Diego, Leva G. Jones was forced to retire because of ill health. Many of his dental instruments he donated to the Helping Hand Children's Home Hospital.

**Berkeley (California) Gazette:**

Mexico's primitive Indians may be able to give us some valuable help in determining the cause of dental caries, according to Doctor Guy S. Millberry, Professor of dental health education at the University of California College of Dentistry. Doctor Millberry, who recently gave a series of intensive courses at the University of Mexico, reports that the Indians who live high in the mountains appear to have sounder teeth than the average person. Although he had no opportunity for thorough investigation, Doctor Millberry believes that diet might be responsible for the Indians' dental superiority. No conclusions can be reached, however, until a careful study is made. Doctor Millberry hopes to inaugurate a series of investigations by dental research experts as soon as it is practicable.

**Philadelphia (Pennsylvania) Evening Bulletin:** Not being able to buy as fine a fishing rod as he wanted, William Middleton Fine, a dentist with offices in the Medical Arts Building, made himself a beautiful rod between classes, while he was a student at the University of Pennsylvania. Since then he has developed this into an interesting hobby. Here is the improved technique that he now uses for turning out a fishing rod: The butt is made of selected wood. Doctor Fine sands it smooth,

wraps it with wet cane, and winds a heavy thread between the cane to give strength and prevent splitting, and applies varnish. After the rod proper, which is made of bamboo, is sanded, the guides and tips are mounted; these being of agate set in German silver, which never rusts. When placing a guide, Doctor Fine first coats the rod with a special cement, then allows it to harden. Later the guide is heated over a candle and placed while hot.

**Chicago (Illinois) Dahlia:** Although he first took up the raising of dahlias some years ago as a pleasant hobby, Doctor Stanley D. Tylman, Professor of Prosthetic Dentistry at the University of Illinois College of Dentistry, is now classed as an expert in that field and is telling others how to raise better dahlias. Recently he was appointed editor of *The Dahlia*, official publication of the Central States Dahlia So-



ciety, whose membership includes people in most of the states in the Union and at least twelve foreign countries. This publication is printed on fine paper stock and is attractively illustrated, featuring informative articles by dahlia growers, scientific information on soil culture, and news of dahlia exhibitions. Doctor Tylman was at one time editor of the *Bulletin of the Chicago Dental Society* and has contributed many articles to national dental journals.

*Philadelphia (Pennsylvania) Evening Bulletin:* Convinced, when he viewed the Czar Nicholas' priceless Russian collection of sculptured



miniatures eighteen years ago, that he could do a better job himself, Harvey D. Brown, a Woodbury, New Jersey, dentist said so. Then he started out to prove it to skeptical friends. Today, at the age of 40, he proudly shows a collection, all made by hand, of about forty figures, few over an inch in height, made from gold, silver, and copper he has obtained by melting down coins or broken jewelry. His favorite piece is a gold stag, complete with antlers, that is 13/16 of an inch high and weighs 1/10 of an ounce.

*Melbourne (Australia) Herald:* Because the defense authorities seem to be under the impression that attention to teeth of horses demands a higher rank than treatment of the teeth of men, the president of the Dental Board, J. Darnall-Hunt, protested saying that young dentists were, therefore, hesitant about enlisting in the service. A veterinary science graduate joining the army for home service is given the rank of a captain, and a dental graduate is appointed lieutenant. As a result of this protest, dentists going on active service abroad have been given the rank of captain and there is still pressure being brought to bear to give members of the dental corps at home the same status as the veterinary corps.

*Charleston (South Carolina) News and Courier:* From Rio de Janeiro, Ripley brings this "Believe it or Not" report: Doctor Agnello Quintella practiced dentistry for 50 years; his seven sons are dentists; his four brothers are dentists; his three grandsons, also his son-in-law, brother-in-law, and two nephews are dentists.

*Newberg (Oregon) Graphic:* Dentists R. W. Van Valin of Newberg and L. M. Boire of Portland have just been appointed by Governor Charles A. Sprague to serve three-year terms as members of the state board of dental examiners in Oregon.

*Philadelphia (Pennsylvania) Inquirer:* Doctor E. C. Kirk Swing of Philadelphia, former commodore of the Yacht Club of Stone Harbor, and outstanding yachting official of the middle Atlantic district, has been appointed chairman of Region No. 3 of the American Power Boat Association. Doctor Swing was selected because of his outstanding ability in organizing the Stone Harbor Gold Cup Regatta and making it one of the outstanding motorboat events in the country in the past few years.

*San Antonio (Texas) Light:* A few years ago when Major J. R. Haskin, dental surgeon, retired from the United States Army, he settled down in San Antonio. Not having much to occupy his time, he turned a hobby of bluing guns into a pleasant and profitable pastime. Bluing a gun, according to Major Haskin, is a simple process by which he puts a new

blue satin finish on any kind of a gun. First he cleans the metal by boiling it in lye water. Then he buffs, files, and scrapes, until every trace of rust is removed. After further boiling in a large tank, he swabs the steel with a hot chemical bluing solution and again boils it. He re-

peats the swabbing process six to ten times, then finishes the job by polishing the gun. His chief reason for bluing firearms is to make them look new, but it also helps prevent rust and dulls the barrel enough to cut down on reflection of light in the eye of the marksman.

Awards for contributions to DENTISTS IN THE NEWS this month have gone to:

GEORGE E. PAYNE PHILPOTS, D.D.S., 44B Koornang Road, Victoria, Australia.

MRS. EDWARD MILLINGTON, 3511 North Eleventh Street, Philadelphia.

GEORGE DOUGLAS ROUSE, 57 Wentworth Street, Charleston, South Carolina.

L. L. BINDER, D.D.S., 1809 North Thirteenth Street, Philadelphia.

ERNEST O. SAMUELS, D.D.S., 502 Iturbide Street, Laredo, Texas.

JACK TARGAN, 1620 West Susquehanna Avenue, Philadelphia.

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### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

# Editorial Comment

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GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO  
ARGUE FREELY ACCORDING TO MY CONSCIENCE

ABOVE ALL LIBERTIES. *John Milton*

## THE BATTLE IS NOT WON

NOW THAT THIRTY-SIX states have laws prohibiting advertising by individual dentists we might think that the battle against dental quacks had been won. But it has not. Fierce battles are ahead and against more formidable foes than the dental quacks. Our future struggles will be against the newspaper publishers who have lost advertising revenue and who fear the extension of statutory provisions regulating advertising in other business. Here and there throughout the country newspapers have begun to stir up a sentiment among the people suggesting that the dental anti-advertising laws are not for the public good but are signs of monopolistic enterprise on the part of dentists. The comment of the *Mesa (Arizona) Journal-Tribune* is typical of a growing sentiment among some newspaper people:

The legislature, in assuming the power to tell a certain class of people that it cannot purchase a certain commodity, is assuming a great deal more power than the constitution of Arizona ever gave it. If it can prohibit dentists from advertising, it can prohibit others. If it has this power to take business from the newspapers, then it has another powerful club to wield over the press. When the press cannot criticise the government for fear of retaliation, then the way is open for dictatorship and oppression, graft and inefficiency.

In this particular instance, the law was not designed to threaten the newspaper, however. It was passed upon the insistence of a group of higher-priced dentists, to prevent some of their contemporaries from offering dental services at cheaper rates and small monthly payments—and stealing the great volume of trade provided by those of us who cannot afford high fees.

All the journalistic adversaries that dentistry will be required to face will not be as forthright in expression as this Arizona paper, which frankly admits that the threat to business and advertising revenues is the point at issue. Other newspapers will follow more crafty patterns of opposition: they will distort stories of dentists and of dental interest; they will lose no chance to ridicule and malign the aspirations of the profession; they will treat with the contempt of deep silence the health and educational stories of dentistry.

Not all newspapers will be venal. Many in this country have proved that the editorial and business offices are separate and that affairs of public interest are treated without an eye on the box office. Gener-

ally speaking, the larger a publication in advertising volume and circulation the more independent it can be from pressures.

We will need a defense. What will it be? The case for ethical dentistry has been best stated by the Supreme Court of Massachusetts:

The granting of a license to practice a profession, signifies only attainments warranting entrance into professional life. With some, admission to practice is only the beginning of a lifetime of study, self-improvement, and advance in knowledge and skill. With some others, it marks the end of systematic study and of substantial progress in professional competence. The Commonwealth has an interest in attracting to the learned professions men of ability, capable of adorning them, and in enabling such men to survive in competition with others. It has an interest in spreading as widely as possible among its citizens the benefit of the professional services of the most competent practitioners as distinguished from those who barely possess the minimum qualifications for beginning practice at all. It has an interest in leaving its professional men free to improve their professional qualifications, without the necessity of devoting time and effort to the competitive pursuit of clients or patients. It has an interest, too, in freeing its citizens from the pressure of salesmanship in the formation of confidential professional relations.

The Legislature might find, and apparently did find in the case of dentists, that these public interests would be injuriously affected by free competition among practitioners without restraint as to methods. The Legislature might consider that, in general, practitioners of high character, deep learning, and great skill are more conscious of vast areas of knowledge not yet explored than of the narrow fields in which they may have attained mastery; that they are restrained in speech, and careful that promise never outruns performance; and that as a class they either are incapable of advancing themselves by brazen-self-laudation, or scorn resort to that means. The Legislature might conclude from human experience that practitioners of scant competence, like charlatans and demagogues, are likely to make up for want of genuine merit by an expert knowledge of mass psychology and great skill in appealing to the hopes and emotions of the uninformed and credulous. Advertising practitioners, as fast as discovery of their comparative incompetence causes the loss of clients or patients, for a long time can obtain new ones through skilful publicity. It may be that even with complete freedom in advertising, practitioners of unusual competence ultimately would succeed and others ultimately would reach the level of their merits; but in the meantime thousands if not millions of citizens might receive inferior service in the belief, induced by skilful advertising, that it was superior.

The restriction and even the prohibition of advertising by members of the learned professions constitutes a lawful exercise of police power, and not, as has been contended, a violation of constitutional provisions protecting liberty and property, or discriminatory legislation.<sup>1</sup>

If we can tell the public this story, the battle is won!

*Edward J. Ryan*

<sup>1</sup>Commonwealth v. Brown (Mass.), 20 N. E. (2d) 478, cited in Bureau of Legal Medicine and Legislation, J. A. M. A. 114:1489 (April 13) 1940.



# From One Profession to Another

by RICHARD B. HENNE

YOUR PROFESSION IS dentistry; mine is advertising. What claim have I on your interest? Just this:

Recently I picked up an old copy of ORAL HYGIENE. An article dealing with a dental poster contest among school children<sup>1</sup> caught my eye. "That's fine," I thought, "but are they going to stop at that? Where's the *follow through*? How about a *real* program of dental education? There's so much to be done along this line, even with adults."

The advertising mind is always seeking new things or new ways to sell to the great consuming public. Invariably a new product represents an *unfilled need*. The particular problem considered here, however, is not new; but there is, certainly, a great *unfilled need*, which the dental profession should satisfy.

Advertising is not selfish. Whatever it has reaped for itself is but a small percentage of the gain secured for others from its sowing and cultivating of fields of commerce. The part advertising played in effecting mass distribution of the auto, the radio, and household appliances is well known.

But you may say that dentistry is "different"; that it should have nothing to do with advertising; that from the first crude ministrations dental practice has advanced itself to a highly skilled combination of science and art; that it rightly enjoys a high and honored place as it is.

That the latter part of this statement is true does not alter the fact that this cannot immunize the profession against the workings of economics. Otherwise we could be sure that the some 70,000 men-in-white who have met the strictest examinations of up-to-date dental colleges are keeping the entire population in good dental health. Surely, too, we should be a nation of people with clean mouths, gleaming teeth, and personable smiles.

But is it so? Why do we see many people trying not to smile, afraid that uneven or defective teeth will embarrass them. Why do so many whose livelihood depends upon personal relationships never seem to get ahead? Why do apparently healthy persons neglect dental warnings of infection? Why *don't* all these people go to the dentist?

The reason, for the majority, is that *they haven't been told to*.

<sup>1</sup>A Million Posters for Dental Health, ORAL HYGIENE, 28:879 (July) 1938.

Perhaps that sounds childish to learned professional men; but the advertising mind respects that simple, but basic, psychological truism. The fact is that the depression has forced false economizing on a large group of people. Add to these all who boast of never having been to the dentist (you'd be surprised), and those who deliberately allow their teeth to deteriorate, who still hold fear of the chair or have no idea of the wonderful restorative service possible today, plus those who are ignorant of the fact that good dental practice is often easier on the pocketbook than most of our modern luxuries. Unfortunately, there are no complete statistics; we can only guess at the size of this huge "cavity" in our national health. Estimates of reparation costs range from 100 million to close to a billion dollars. Too high a figure? A recent survey of 1½ million school children disclosed that about 90 per cent of them needed dental attention. The longer this situation is neglected, the greater grow the ultimate tolls to be paid by loss of national health and wealth.

Is there any other profession or industry that would let such a condition exist? No! Even the physicians—and they, you know, also have a rigid code of ethics—have their publicity. Their press releases are given great attention; life insurance companies, food manufacturers, and medical supply houses have been active in public health education, wherein the medical man receives great

attention and credit. There is ample proof that the public responds to this intelligently and eagerly. As dental care is such a large health factor, is it not strange that these organizations—or others—have not attempted to do for the dental profession what has been so well done for the medical men?

No, it isn't strange when you consider how long organized dentistry has resented and resisted any such action by "outside interests." It is time that those responsible for this attitude turn searching glances toward themselves. It is time they realized that they had better put their profession on the highest possible basis of friendly understanding with the public—for it will be this and this alone that will be able to prevent socialization or some other form of governmental interference.

Not so long ago the latter statement would have induced nothing but ridicule; today it should provoke serious thought: has not the medical profession, goaded by "liberal thinkers" seeking to socialize medicine, profound reason to be thankful for the friends it has made since it pulled its head up out of the sand into the public view?

Just how shall you proceed to intensify interest, increase confidence, gain public support that may be needed badly some day, and at the same time get off to a sound start toward stemming the rising tide of dental ruin? How are you going to clear up this great dental confusion? Just *what*

should the public be told to win their support? And how can you bring the potential patients into your offices?

### Tell Dentistry's Story

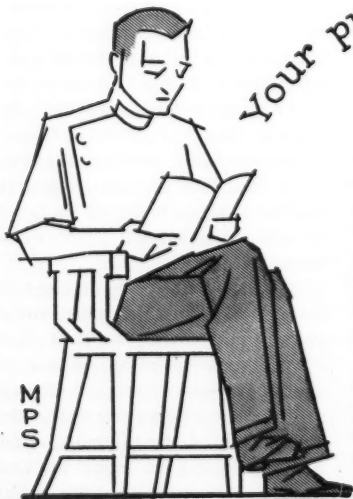
Just tell the story of modern dentistry. Tell it simply and truthfully. But tell it coherently and consistently. Tell it through the mouths of honorable and respected houses, and through your own organizations. Let it be supervised by your national organization. But let it be complete!

Deliberately and powerfully foster the desire for clean, healthy oral regions by dramatizing to what degree success and happiness depend upon health, and how health, in turn, demands perfect oral conditions. Show what *has* been done and what *can*

be done by modern dentistry. What a wonderfully compelling and honest story this would be!

\* \* \*

The individual dentist can help in this program, by making available to his patients and those who accompany them, all sorts of printed material dealing with some phase or phases of the thousand and one details of dental care. That is not to say that the people should be overwhelmed with masses of literature, or bur-



Your profession is dentistry; mine is advertising. What claim

dened with lengthy exhortations on the radio or in newspaper advertising and publicity releases. Each piece of material, whether appealing to the eye or the ear, should concentrate on an objective, and not try to cover the entire field of dentistry by itself. Good salesmanship sells one thing at a time, whether it is a product or an idea.

Of course an organization can do a more thorough, economical job of preparing such material. But until that is possible, individual efforts on a high plane should be encouraged. That ma-

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your interest? Just this:



terial resulting from the few attempts along this line can be effective is acknowledged by those who are aware of it. So far, but three outstanding pieces of printed educational material have come to the attention of the writer. The beneficial results of their narrow—when compared to the potential—distribution clearly show them to be worthy of national circulation. They are not “advertising pieces”; they are forthright expositions of the—to the layman—miraculous methods of modern dentistry. The dignified treatment of the subject, the effective before-and-after illustrations, the sincere advice offered, and the general treatment of dental practice, all combine to impress one in no uncertain manner. And the impression is positive, not negative. There is no urging to “do this” or “don’t do that,” no stentorian command-

ing (which intelligent people resent); but there is a powerful influence to turn the reader’s mind to his own dental condition, to make him want to improve his own dental standard.

Investigation showed that these booklets, placed in dental offices, were carried home by children who were attracted by the pictures or color and by adults who appreciated this different, this appealing approach to stubborn or distasteful dental problems. That these booklets did their work was shown by the people who came in to the dentists and asked to have their teeth “fixed up like that.” More people were made mouth conscious and the dentists had more work than they would have had otherwise.

\* \* \*

So far as paid advertising space is concerned, this is just as vital to the success of any educational

plan, whether it is to sell products, ideas, or services. Some will throw up their hands in horror; to them, this would be "crass commercialism." They are behind the times.

But there is hope; some part of the profession is awake. The Massachusetts Dental Foundation,<sup>2</sup> affiliated with the Massachusetts Dental Society, recently appropriated \$12,000 for advertising in Massachusetts newspapers "to inform the public of the value of care of the teeth." This means that more and more of those within the profession are becoming aware of the need for closer public relations. But this is also typical, unfortunately, of the attempts to meet this need through individual, sporadic, spasmodic, and incomplete efforts.

The previously mentioned printed educational material should be in every dental office in the country. *Why isn't it?*

<sup>2</sup>Cooke, J. W.: A Dental Organization Becomes Articulate, *ORAL HYGIENE*, 29:817 (July) 1939.

The little advertising campaign of the Massachusetts Dental Foundation should be part of a nation-wide plan of dental education, backed by organized dentistry and its "commercial" friends and suppliers. *Why isn't it?*

No one could deny its value, or call it "vulgar promotion," who would not at the same time condemn the entire profession for taking *any* money for its valuable and humane services.

\* \* \*

To the advertising mind, which dislikes selling inefficiency as Nature abhors a vacuum, and strives to make distribution as effective as production, it is appalling that the dental profession—equipped with splendid training, brilliant technique, ample manpower, and great research facilities—seems to think it is fulfilling its public charge just by being technically proficient!

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# DEAR ORAL HYGIENE:

"I do not agree with anything you say,  
but I will fight to the death for your right  
to say it."—VOLTAIRE

## Retirement Fund

I have been reading with much interest the articles and letters regarding a retirement home and a retirement fund for disabled and aged dentists, which have been appearing recently in *ORAL HYGIENE*, and I wish to state that I will gladly contribute to either or both plans as long as I am in practice.

If every dentist in the United States would contribute \$20.00 a year, it would not be long before we could have the home or the retirement fund. Personally, I prefer a retirement fund, but am willing to help support either or both.

Why not send out cards and get an expression from every dentist in the country and find out what the sentiment on the subject is? If sufficient interest is thus aroused, put the matter before the American Dental Association; and I am sure we will get what we want, need, and deserve.—*J. M. WIATT, D.D.S., Gloucester, Virginia.*

## Old Age Security

Your editorial and the article *DENTISTS NEED OLD AGE SECURITY*, struck me very forcibly. I am a young man but my father was a dentist and he died early in life from a disease that takes too big a toll in our profession, tuberculosis.

On reading the March issue of *ORAL HYGIENE* I went immediately to our probate judge and stated our

need for a home for aged dentists and their wives. Judge Cornley said, "Tell them we will donate property valued at \$20,000 on a hill one hundred and fifty feet above the city of Elba, Alabama. This property overlooks beautiful Pea River valley and is on U. S. Highway 84."

Elba is the county seat of Coffee County, Alabama, located in the southeastern part of the state. The town is full of flowing wells, and a beautiful swimming pool fed by one of these wells is located some 400 yards from the property mentioned. Coffee County has been a subject of study by the United States Government for a few years, because of its low tuberculosis average. This county has less tuberculosis than any county in the United States.

I am writing this letter to stimulate further the idea of a home for aged dentists. No doubt this offer will encourage others.

This offer from Coffee County is sincere, and I hope if this idea grows that due consideration will be given Coffee County.—*W. M. RINGSDOFF, D.D.S., President South Eastern District Dental Association, Elba, Alabama.*

## Select a Retirement Home

Permit me to congratulate you and Miss Harriet Williams on your articles on the subject of old age security for dentists. Keep up the good work!

Before commenting on your splendid editorial in the March issue, I should like to point out what appears to me to be one flaw in the proposition of having a national home or club for needy old dentists: Namely, that any site or even two or three sites would be undesirable for many prospective applicants, because all their lives they were accustomed to live with or in close proximity to their loved ones. As an alternative to having one or more homes or clubs it might be better to follow the plan of The Workmen's Circle. The latter is a national fraternal organization, very sound financially, with headquarters in New York City. It has provisions, made at its recent national convention, to support its aged members, and gives them the option of choosing their own home for the

aged from a list of approved institutions.

I'm in accord with the thought expressed in your editorial about "exploring the financial aspects." A committee appointed by the American Dental Association at its next convention should be empowered to do more than exploring.

I'm getting in touch with the proper committee in the local society, The Hudson County, New Jersey Dental Society, to urge them to start the ball rolling and urge all readers of ORAL HYGIENE to do likewise with their own local dental societies.

The pen is indeed mighty so I again urge you not to let up on your writing campaign.—PHILIP NEMOFF, 625 Bergenline Avenue, West New York, New Jersey.

## THE DENTAL BOYS LOVE TO TAKE IT

(Continued from page 688)

ting, what about our "preliminary" boys? Never mind what dentistry is doing for "humanity," or what "humanity" is doing for dentistry. That is no skin off our nose just now! What does count when our men are being pushed around by wise guys and politicians and budget committees, is what are dentists doing for dentists! The first function of any worth while state, organiza-

tion, or profession, should be to protect itself.

The one bright spot in the whole setup is that the three powerful local dental societies stepped in to defend the boys. The only trouble is that you don't fight politicians and "humanity" with protests, statements, and petitions, you *DO SOMETHING!*

124 West 93rd Street  
New York, New York.



# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Fluorine Effects

Q.—I am again taking the liberty to worry you as I have another proposition that is giving me considerable trouble.

We have a new water supply in this community that comes from a very deep well; and this water contains fluorine three parts to the million. Now what I want to know is this, will this water, when used to sterilize instruments, have a tendency to rust them? I say that it will; others here, including the physician, say that it will not. I have already noticed that my instruments are rusting some. Could you suggest anything that I could do to prevent this rusting? I have read somewhere that, when such water was filtered through tricalcium phosphate, the fluorine would be removed. Do you know of any practical method whereby this could be done on a small scale such as attaching a filter to a faucet? Or is there anything that can be put in the water that will prevent the instruments from rusting?

This water also has enough fluorine in it to cause mottled enamel in children's teeth, but the people here are paying little attention to this, as they do not believe it. I am not letting my children drink it, however, but do not know just how long I should keep them from it. They are now under four years of age. At what age would it be safe to let them drink it without deleterious effect to their teeth?

I will appreciate all the information that you can give me on this subject, and I also wish to thank you for past favors.—J. M. W., Virginia.

A.—Doctor F. S. McKay, 9 Rockefeller Plaza, New York City, is the world's greatest authority on this subject and I have referred your inquiry to him. Here is his reply:

"I note in brief that your community on the eastern shore of Virginia has installed a new water supply derived from a deep well and that this water has been found to contain three parts per million fluorine. Considering the many articles that have been published in the journals of dentistry as well as in journals of water works engineering during the past several years showing the definite relationship between fluorine in water supplies and the production of mottled enamel, it would seem that your town authorities are liable to severe censure for installing water of that character and presenting it for consumption by the children of the community without first taking steps to determine its chemical constituents and particularly, whether it contained fluorine.

"It has been pointed out repeatedly that deep well waters in

particular are very liable to contain flourine, and you have right in your own State of Virginia other communities, to mention only Franklin and Courtland, which are not far from you, severely afflicted with mottled enamel produced by the use of water from deep wells. It is almost inevitable that within seven or eight years following the introduction of your water supply, you will begin to notice the effect permanently stamped on the newly erupting permanent teeth of your native children, of the fluorine in the water. If you have any other source of water supply, it is particularly regrettable that the deep well was selected.

"I am not aware that water containing fluorine can rust steel instruments but, what is far more important, it will produce mottled enamel in the teeth of the present and future generations.

"There have been various methods suggested for filtering out the fluorine but, so far as I know, none of these is adaptable on a municipal scale, except at a very high cost to the town. As laboratory methods, they have had some success with small quantities of water. If your people thus far have paid but little attention to this problem, I can assure you attention will be paid as this defect of the teeth becomes apparent in the years to come.

"Regarding your own children, it is well to avoid their drinking this water but, more important, they should eat nothing that has been cooked in it, particularly foods that have been boiled. Boiling concentrates the fluorine and

what starts out as three parts per million water reaches a much higher fluorine content after boiling. To avoid damage to all teeth except the third molars, this water is not safe to use until after about the age of nine or ten.

"You should call this situation to the attention of Doctor H. T. Dean, U. S. Public Health Service, Washington, D. C. at once."—F. S. McKAY, M.D.

### Dermatitis

I have noticed in your ASK ORAL HYGIENE department much interested comment on procaine dermatitis. I had this condition for three years.

I consulted a dermatologist who pronounced it procaine allergy. I carried out his instructions, used rubber gloves and medicaments, but to no avail.

I found a remedy—the most simple and common sense of all, and it cured my hands in less than ten days.

The remedy is peroxide of hydrogen: first lather the hands with a thin lather of soap, then pour out of the bottle peroxide of hydrogen into the palms of the hands and wash for five minutes; keep adding peroxide. Do this several times a day and wash with just the peroxide ten or twelve times daily, using no other medicaments, except perhaps a little mild salve. I used lanolin, just enough to avoid irritation to sensitive skin. I believe this will cure any eczema or desquamation of the hands, except those conditions super-induced by systemic conditions.—T. A. WILKINS, D. D. S., Gastonia, North Carolina.

## Sterilizing Teeth

Q.—I am contemplating using extracted teeth for demonstration models for educating my patients as to the merits of good dentistry. What is the best medium for thoroughly sterilizing extracted teeth that are to be used for this purpose? I of course would prefer to have as little discoloration in the specimen teeth as possible.—N. A. L., Pennsylvania.

A.—Five per cent lysol is a good solution for sterilizing extracted teeth permitting them to maintain their natural color while they remain in the solution, but I don't think there is any way to preserve their color or prevent them from becoming brittle, if they are allowed to dry out on demonstrating models. If you learn of any way we would be glad to know of it.—V. CLYDE SMEDLEY.

## Hypertrophy of Tissue

Q.—I am seeking your advice on a case that has puzzled me for some time.

A married woman, 25, came to me for gingival treatment two years ago. On her first visit she showed signs of hypertrophy of one of the anterior dental papilla between the left lateral and cuspid. The tip of the papilla was bright red showing signs of acute congestion. It was not very painful, but there was a profuse flow of blood when it was touched.

I removed all signs of calculus and treated the area several times with iodoglycerol solution with no apparent result. I finally removed the enlarged papilla surgically; this healed up the area for a few months, after which the condition developed again in the same spot. I repeated the foregoing procedure over a period of a year and a half.

Within the past six months the patient became pregnant, and this condition has again appeared and is more severe. It has now spread to the papillae between all of her anterior teeth. I have tried local application of both iodoglycerol solution and acriviolet. I also used heat application with a therapeutic light. This brought no apparent results. Again I interfered surgically; at present this condition returns every two weeks. The patient's mouth is in good condition hygienically and the bite is fair. She does not have very tight contact points, nor does she have overlapping of teeth.

Can you suggest the etiology of this condition and a treatment based on my diagnosis? If this condition is aggravated because of pregnancy, will it disappear after gestation? I will more than appreciate any advice on treatment and prognosis of this case.—M. A. E., New York.

A.—It is possible that the hypertrophy of the septal gum tissue between the left lateral incisor and cuspid, of which you speak, was of the nature of an epulis. We have had several of these upon which we have had biopsies and have never found a malignancy. However, we have found that they tended to recur unless we used the actual cautery after removing the tumefaction.

The condition of the gingivae of your patient now is that of a "pregnancy gingivitis."<sup>1</sup> Nothing can be done for the hypertrophy in such a case, but, fortunately the termination of the pregnancy results in a spontaneous clearing up of the hypertrophy.—GEORGE R. WARNER.

<sup>1</sup>Prinz, Hermann and Greenbaum, S.S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea & Febiger, 1935.



Mother: "That brazen Miss Vamp boasts that she has been kissed by every married man in town except one!"

Father (absently): "I wonder who he can be?"

He: "I'm keeping a record of all our good times together."

She: "Ah, filling pages in a diary?"

He: "No—stubs in a check book."

Sign on the front gate of a house in Glasgow, Scotland:

"Salesmen and canvassers barred."

"P.S.—Except those with free samples."

Mr. Henpeck (hesitatingly): "Sir, I—I think it is just about time I got a raise."

Boss: "Why, we just put a raise in your envelope Saturday!"

Henpeck: "Why doesn't my wife tell me these things?"

Bride: "Yes, there are two dishes I make really well—fish cakes and goulash."

Bridegroom: "And which is this?"

Proprietor: "What is this dispute about, Miss Peterson? Remember, in this store the customer is always right."

Miss Peterson (sweetly): "Oh, he only said you were the toughest old shark in this town."

Angus (to his wife): "Maggie, here's a ticket for tonight's conjuring show, and when the conjurer comes to that part where he takes a teaspoon of flour and one egg and makes twenty omelets, watch verra, verra close."

Floorwalker: "Why didn't that man buy something? What did he want to see?"

Pretty Clerk: "Me, tomorrow night."

Son (who has caught his father, kissing the maid): "Whatcha doin', Pop? Kissin' the maid?"

Pop (thinking quickly): "Bring me my glasses, son. I thought it was your mother."

Youth: "Now, on this ring I should like you to engrave: 'For my darling Muriel!'"

Jeweler: "Would it not be better to have it simply: 'For my darling?'"

Lucille: "But my father doesn't like you very well."

Leewilks: "Gosh, that's nothing! My whole family objects to you."



## *Safe* RETENTION

The phenomenal strength of Ney-Oro G-3 partial denture casting gold, plus just the *right* degree of resiliency, provides greater retention with the definite assurance of mouth comfort. This flexible strength and G-3's unusual ability to absorb rather than transmit stresses of mastication, make possible the construction of clasps that hold restorations firmly in place without harmful strain on abutments. Partial dentures can be cast extremely thin and light with this trouble-free alloy, and still be more than equal to all service requirements. \$1.95 per dwt.

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# THE INORGANIC OR MINERAL ELEMENTS IN NUTRITION

*"The functions of minerals are so important that they may well be said to control life itself." (1)*

● With this terse statement, a recent monograph summarizes the importance of minerals in animal metabolism.

Earlier physiologists considered the following list of inorganic elements to be fairly complete as far as animal nutrition was concerned:

Calcium	Sodium	Phosphorus
Iron	Potassium	Chlorine
Iodine	Magnesium	Sulfur

However, copper, manganese, zinc, and apparently cobalt must now be added to this list of elements considered indispensable or desirable in nutrition. Also, analyses of animal tissues have disclosed the presence of the so-called "trace elements" (aluminum, silicon, arsenic, fluorine, bromine, barium, rubidium, nickel, and selenium). Which of these perform definite roles in mammalian metabolism and which are present as contaminants, future research alone can decide (2).

Although the specific functions of all the essential minerals may not be completely known, it is apparent that many of these inorganic elements—in the form of their salts or ions—are associated with vital body activities. Thus, the initiation and continuance of cardiac function, the maintenance of osmotic relationships of tissues and of the acid-alkaline balance, and the formation of bony and calcareous tissue and of hemoglobin are a few of the vital functions of the minerals (1). It should be evident that the above quota-

tion is in no wise an overstatement of the importance of the minerals in nutrition.

As to their occurrence in nature, the minerals are rather widely distributed in foods, although the extent to which they may occur—even in the same food variety—is known to be variable (3). No one food or class of foods has been richly endowed with *all* the elements essential in nutrition. Consequently, to insure an optimal intake of minerals the diet should be planned to include—in so far as possible—all food classes.

In the preparation of foods for the table, attention should be given to preservation of their mineral values. Because of their water-soluble nature, certain minerals may be lost to the cooking water during food preparation. Therefore, to obtain the full mineral benefits of foods, the cooking water containing the extracted minerals should in some way be utilized.

During commercial canning, food is cooked in a limited amount of water or brine while contained in the sealed can. Thus, solution losses of inorganic elements are controlled and by using the entire contents of the container the consumer will obtain all the mineral values of the food packed therein. This provision in practically all commercial canning procedures renders canned foods valuable and convenient in formulation of diets calculated to supply optimal amounts of the inorganic elements essential for complete human nutrition.

## AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

### REFERENCES

- (1) 1939. Mineral Metabolism, Alfred T. Shohl, Reinhold, New York.
- (2) 1940. Nutrition Abstracts and Reviews 9, 515.
- (3) 1938. Univ. Colorado Studies 25, 181.



*We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixtieth in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.*

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of American Medical Association.



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**PACKET FOR EASTMAN DENTAL FILMS**

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All the other familiar features of the Eastman periapical film packet that protect the film against moisture and fogging, that facilitate proper manipulation yet safeguard against discomfort to the patient, are retained in this new packet.

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Price reductions up to 25% on the four types of Eastman periapical dental x-ray film, as well as the two types of Eastman occlusal x-ray film, were announced early in April.

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Fleck's provides a "safety margin" for each of its physical properties. For example: Its strength is equal to two cements—its resistance to disintegration 10 times greater than standard requirements and its film thickness 3 times finer than ordinary cement.

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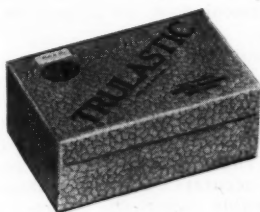


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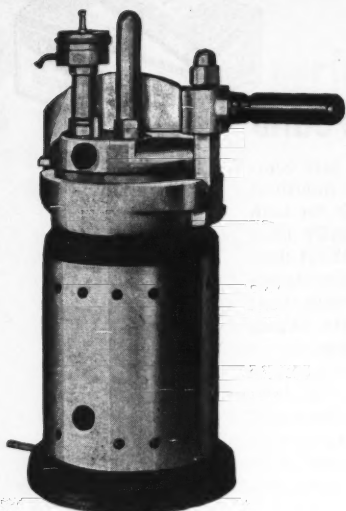


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To introduce the new 5 1/4" Lewis Crossbar Vulcanizer more widely, we are offering just 100 of these machines at \$10.00 less than the regular price.

They are completely equipped with gas heating apparatus, new type of gas regulator and our new BINOC Dual Reading Thermometer which shows both inside and cap temperatures. They are ideal for curing all of the new Acrylics as well as rubber since they make possible a much more accurate control of temperature than is possible with the "pan-of-water method."

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On a case—due to pressure of time—inaccessible records—you forget to record a charge. How often this occurs! You have no way of following up good patients for periodical examination. Collection follow up effort is a bother—you put it off and accounts become past due—**UNPAID!**

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Are you forced to lose time hunting and searching for records? Do you hesitate over the work to be done, due to lack of proper records? Do they ask what their balance owing is, find you unprepared to answer—and cease worrying about paying you? **THAT HAPPENS! PATIENTS LOSE CONFIDENCE TOO! YOU LOSE PATIENTS AND MONEY! McCASKEY ACTUALLY STOPS THESE LOSSES!**

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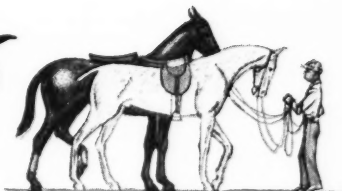


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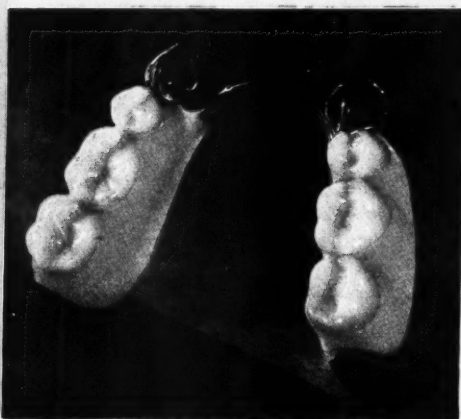




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Vernonite is the trade-mark, Reg. U. S. Pat. Off., for an acrylic resin denture material manufactured by the Rohm & Haas Co., Philadelphia, Penna., under U. S. Patent numbers 1,980,483—2,013,295—2,120,006, and distributed by Vernon-Benshoff Co., Pittsburgh, Penna.

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**New-Denture Success 60% Psychological**

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Authorities say 60% of the success of any new denture is psychological! Why? Because even the best-made plate is a huge, hard, foreign mass in a mouth that's never worn one. Exerting a biting pressure of 15 to 25 pounds, it torments tender gums . . . often becomes a "mental handicap" . . . and may end up, unused, in a bureau drawer . . . unfortunately, no compliment to the dentist who made it!

That's why, during the difficult "learning period," thousands of thoughtful dentists *assure* patients' comfort . . . and denture success . . . by prescribing DR. WERNET'S Powder.

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We strongly feel that powder should never be used to provide suction where good suction already exists. But leading dentists agree that DR. WERNET'S Powder should be prescribed during the first trying months . . . to provide a protective, shock-absorbing comfort cushion . . . to lessen irritation, to promote ease and assurance, to speed denture mastery!

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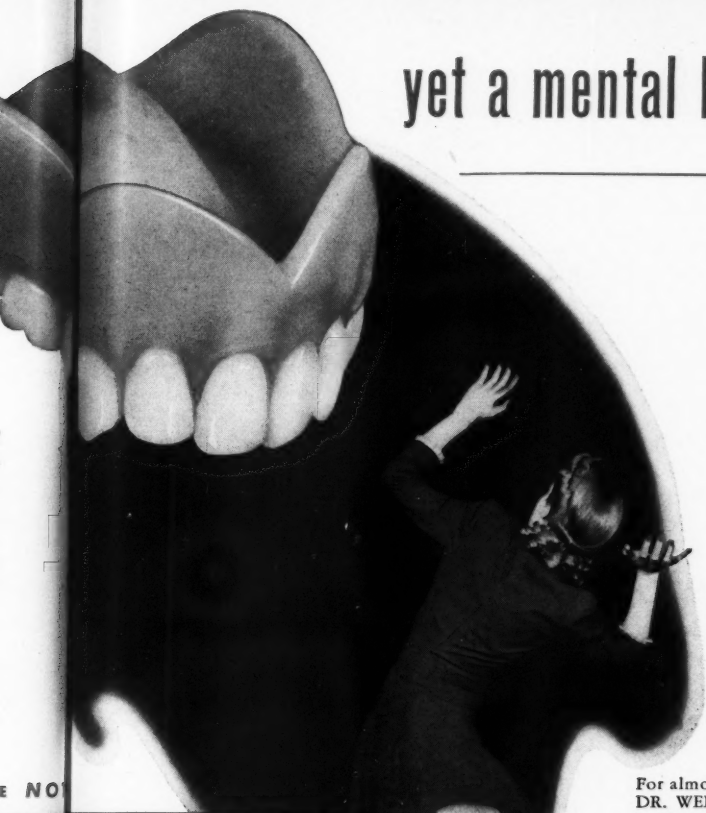
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46.5% MORE ABSORBENT  
THAN AVERAGE OF 5 LARGEST-  
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26.1% *Whiter* (by Spectrophotometer reading) means proven purity . . . less foreign matter, less bark particles, less dirt! No dark gummy mass on patient's plate . . . therefore easier to keep clean!

**NEARLY 50,000 DENTISTS USE AND RECOMMEND**

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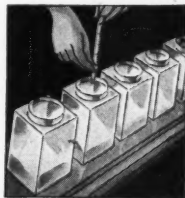
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46.5% more **ABSORBENT**,  
means increased ability  
to absorb saliva and still  
retain effective viscosity!



For almost thirty years, DR. WERNET'S Powder has been recognized professionally as a product that can be conscientiously and successfully prescribed. It is not advertised to the public because we believe that only a dentist is qualified to recommend its use.

**SEND FOR YOUR FREE SUPPLY!** Mail lower portion of this page, with your card, or letter-head, to Wernet Dental Mfg. Co., 190 Baldwin Ave., Jersey City, N. J.

## WERNET'S

## POWDER

MPLETES YOUR DENTURE SERVICE



## HOW **ARISTALOY** WORKS TO PREVENT LEAKAGE

This photomicrograph explains a unique Aristaloy feature: In order to obtain a filling free from porosity and leakage it is essential that alloy particles be sufficiently small, and so shaped and graded that they are capable of being packed into a minimum of space. — This scientific truth led to the development of specially shaped Aristaloy microgranules which build a final structure so dense that a comparative minimum of free mercury is retained to diffuse into the alloy. — Aristaloy therefore, faces cavity walls with a smooth, fine-grained surface; leakage is prevented through more intimate adaptation. — Aristaloy complies with A.D.A. Specifications #1.

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**Steele's Super Investment**, the all-purpose dental investment, meets every requirement.

Super Investment accurately reproduces the very finest detail, making it equally suitable for the casting of inlays or the largest restoration. It provides complete protection to the physical properties of casting golds and embedded metals during pre-casting burn-out.

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For model work Super Investment's smooth hard surface improves detail and accuracy.

The originators of Steele's Interchangeable Teeth recommend Super Investment for your every investment need.

**The Columbus Dental Mfg. Co., Columbus, Ohio, U.S.A.**

**Q-T-N-O**  
QUALITY

## Model-D

*"it's a Grand  
Tooth Brush"*  
**BECAUSE**



1. Extra long handle gives you a man's size grip—no putting fingers in your mouth.
2. Reinforced end tuft at point of hardest wear (see cut).
3. Resilient unbleached genuine bristle. Holds its shape and texture longer than other brushes.
4. Longer bristle, small head, flat trim. Ideal for proper brushing technique.

### Use coupon today

Your name stamped in gold on this personal sample. Get full details of this remarkable brush with price quotations for office dispensation. (Send 20c for sample brush to cover mailing cost).

THE CUTINO COMPANY, 807 Wyandotte St.  
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For enclosed—cents, please send—Q-T-N-O  
Model D Brushes—row. (No more than 2 at 20-cent price.)

(Specify 2 Row, 3 Row, Junior Childs)  
Please also send data and price list.

Dr. ....

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**5**  
**Reasons  
Why...**

the Dental Profession  
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## B. S. POLISHERS

- 1 BS POLISHERS will not harm delicate gum tissue . . . yet they quickly clean deep points of pits and fissures and under free gum margin.
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- 5 They run cool and smooth; more economical because they're made of the highest quality soft, flexible rubber.

Why experiment with the good will of your patients when the safety and efficiency of BS POLISHERS has been tested and proven by thousands of the most capable Dentists in the United States and many Foreign Countries, for almost three decades. Backed by a firm with over forty years experience. Order from your dealer. FREE sample BS and BABY BS POLISHER sent on request.

You will find BABY BS POLISHERS exceptionally convenient to use when cleaning children or small adult teeth. Free sample on request.



**YOUNG DENTAL**  
MFG. CO.

ESTABLISHED IN 1900

4958-60 SUBURBAN RW., ST. LOUIS, MO., U.S.A.



# KONFORMAX REBAS



The upper and lower dentures on the left illustrate the kind of a bite you are likely to get as a result of using a quick setting Impression Material which does not give the denture a chance to go to place.

The upper and lower dentures on the right illustrate the proper occlusion you obtain with Konformax Rebase because the setting period is one hour and the dentures have time to seat themselves.

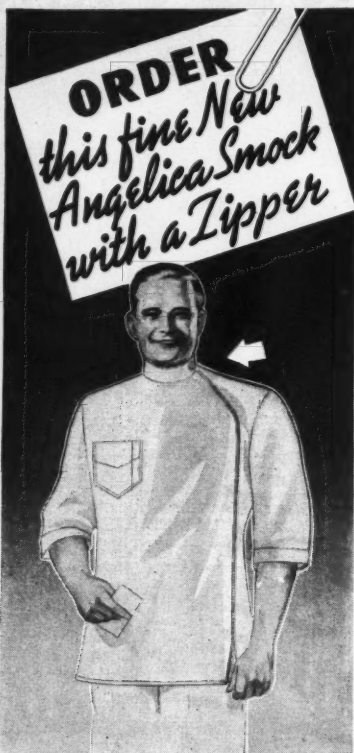
Konformax Rebase is also an ideal impression plastic for permanently rebasing complicated (jumping) dentures. The result is a well-balanced functional impression.

Konformax Rebase is of smooth, easy-flowing consistency . . . Does not set by chemical action . . . Variations of office temperature have no effect on it . . . The composition of Konformax does not change with age . . . It is always ready . . . It produces perfect suction and cushion . . . Lasts from six weeks to six months, in the mouth . . . Is non-irritating and may be used on any standard denture material, either full or partial . . . Is not affected by saliva and is inexpensive because ten or more rebasings can be obtained from a \$4 package of six tubes.

## KONFORMAX REBASE

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**HERE** is a new ANGELICA creation designed for your added comfort and convenience. Made of Sanforized-shrunk White Twill, with a standing collar that fastens with an indestructible knot button. Pleated back with sewed-down belt. Sizes 34 to 48.

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Smock No. 41TDS28 (Short Sleeves)  
Each, \$2.65 3 for \$7.55

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**35¢**  
at your  
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Biggest Value.  
Best grade of  
very stiff bristles. Long 5 in.  
brush. Properly tapered to  
fit all clasps. Attractive  
Red Plastic handle.

STERILE PRODUCTS CO. SAN DIEGO  
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PROTECT YOUR PATIENTS FROM  
MOUTH-TO-MOUTH INFECTION

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in your practice

### Prophylaxis—

ALKALOL diluted with an equal quantity of warm water is agreeable and soothing.

### Denture Irritations—

ALKALOL held in the mouth will prove effective.

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Apply ALKALOL pure by means of cotton rolls. The longer the contact the better.

**THE ALKALOL COMPANY**  
TAUNTON, MASS.

Write for free sample  
**ALKALOL**  
ALKALINE · SALINE · CLEANSING



## Grapefruit and the Maternal Diet



**NORMAL** pregnancy and lactation greatly increase the demand for all of the food elements, because the fetus acts as a parasite. If its nutritional requirements are not met through the mother's diet, food materials are secured from her body, even to the extent of breaking down the maternal tissues. Calcium, for example, may be taken from her bones or teeth.

Of prime importance during this period is an abundant, well-balanced diet, one especially rich in calcium, vitamins, and mineral salts. The mother requires a generous intake of Vitamin C, both to maintain her own health and to ensure an adequate store to the infant at birth and a sufficient supply during lactation.

Citrus fruits are an outstanding source of Vitamin C, and they provide appreciable amounts of other vitamins as well as mineral salts, citrates, and easily assimilable sugars. *Moreover, the addition of citrus fruits to the diet increases the assimilation and retention of calcium derived from other foods.*

Many dentists recommend increased citrus intake to their female patients during the periods of pregnancy and lactation.

They have found it practical to counsel the use of grapefruit juice *in addition* to the citrus fruits commonly consumed in the diet. Its fresh and invigorating flavor makes it ideal and, in its canned form, it is high in

all the values attributed to the fresh fruit. Furthermore, canned grapefruit juice is economical, convenient to use and readily available at all seasons.

Grapefruit may be taken at various times of day without affecting the appetite for the coming meal.

As a variant and supplement to the habitual consumption of citrus fruit, canned grapefruit juice helps to raise the usual "minimum" intake of vitamins and minerals to that "optimum" which makes for health in mother and child.

The Citrus Commission of the State of Florida has prepared a treatise on the citrus fruits in their relation to health, with a full bibliography; a copy will be sent to any member of the dental profession upon request.

**FLORIDA CITRUS  
COMMISSION  
STATE OF FLORIDA**



Florida Citrus Commission **DEPT-28-0**  
Lakeland, Florida

Gentlemen:

Please send me your book, **CITRUS FRUITS AND HEALTH.**

Name

Address

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Profession

The statements in this advertisement are based on the following numbered references in "Citrus Fruits and Health": 62, 63, 64, 65, 69.

# LAVORIS

Fine daily tonic for  
mouth and throat

Cleansing, stimulating mouthwash and gargle

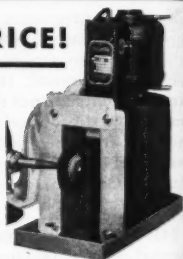
**New model—AT A LOWER PRICE!**

## BALDOR DUST COLLECTOR

Powerful suction draws in all dust and filings from lathe wheel. Produces a clean, healthful atmosphere in the laboratory. Saves Gold—pays for itself. Built for long, hard service and FULLY GUARANTEED. New, lower price (D.C. current, \$42.50) A.C. **\$29.50** current

New, low price on Baldor 2-speed Lathe, \$34.00. Ask for Bulletin No. 63.

**BALDOR ELECTRIC CO., 4372 Duncan Ave., St. Louis, Mo.**



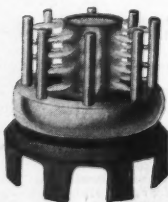
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### INVESTMENT BURN-OUT

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take care of this important step by rapidly and efficiently eliminating wax and moisture from investments. The evenly-distributed heat around the investment ring assures a mould free from warpage and contortion.



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are available for manufactured city gas, natural gas, acetylene (Prest-O-Lite), tanked petroleum gas or oxygen and hydrogen—do their part by producing clean, hot, concentrated flames that thousands find ideal for melting casting metal.

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THE ANACIN COMPANY • JERSEY CITY, N. J.



*The Thomas W. Evans Museum  
and Dental Institute School  
of Dentistry  
University of Pennsylvania*

The School of Dentistry of the University of Pennsylvania was organized in the early part of 1878. In 1909 The Pennsylvania College of Dental Surgery was merged into the School of Dentistry of the University, and in 1916 the merger of the Medico-Chirurgical College of Philadelphia and the University of Pennsylvania was effected, and the students of the Dental Department of the former were admitted to the Dental School of the University.

In 1915 the School moved to its present home, the Evans Institute, a building erected by the Thomas W. Evans Institute Society, which entered into a cooperative affiliation with the University, whereby the Society contributed its material resources for the conduct, maintenance and improvement of the Dental School, while the University furnished its facilities for furnishing instruction in the fundamental medical subjects, in dental subjects and its social and education advantages.

“

*Copies of the painting by the eminent artist, Charles Pizer, suitable for framing will be sent on request.*

THE KOLYNOS COMPANY

NEW HAVEN, CONN.

**KOLYNOS**  
*A Concentrated Dental Cream*





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*helps relieve*

**GASTRIC HYPERACIDITY and DIGESTIVE UPSETS due to EXCESS STOMACH ACID.**  
**BiSoDoL Mints in convenient tablet form.**

*Samples Free to the Dental Profession on Request*

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SUPPORTIVE EVIDENCE

*Accumulates*

Available in 50 gallon drums, gallon and quart bottles.

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affords the optimum in the non-corrosive  
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A comprehensive study,\* evaluating the bacteriologic potency and non-corrosive action of chemical solutions commonly used in the sterilization of delicate surgical instruments, reveals the more rapid and effective action of Bard-Parker Formaldehyde Germicide on both vegetative and spore forms of bacteria.

Due to its non-corrosive qualities, it appreciably prolongs the useful life of instruments, eliminates the need for frequent replating, and reduces replacements to a minimum. Savings in instrument replacement expense often far exceed the actual cost of this highly satisfactory and economical germicide.

\*Surgery, Gynecology & Obstetrics, 1937, 69, 738-744

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**PARKER, WHITE & HEYL, INC.**  
DANBURY, CONNECTICUT

**A BARD-PARKER PRODUCT**

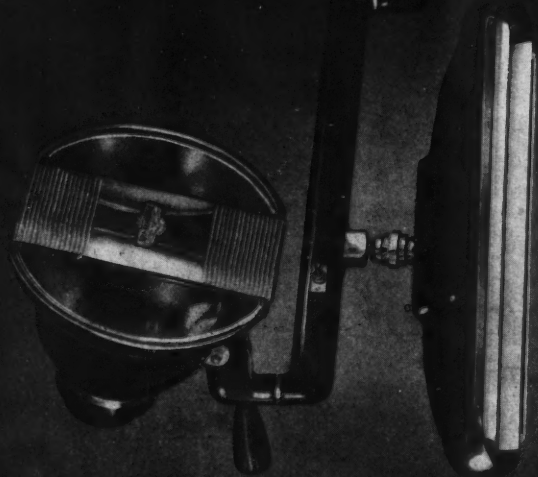
*The IDEAL Operating Light for SUMMER*

# TRI-LUMINAR

## COOL LIGHT!

Scientific absorption screens that filter out heat rays, make the TRI-LUMINAR the ideal . . . COOL . . . year 'round operating light. TRI-LUMINAR (Pat. Applied For), the 3-in-1 light for dentists provides: (1) FLUORESCENT LIGHT, (2) INDIRECT ROOM ILLUMINATION, (3) INTRA-ORAL ILLUMINATION . . . directed high intensity adjustable up to 500 foot candles . . . no heat, no glare. ALL THREE lights complete in one unit. Costs no more than an ordinary single light. Dental unit or wall model. Write for information.

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# YOUR MOST IMPORTANT QUESTION ABOUT XTTRIUM FOR PYORRHEA

*"Will it give me Successful Results?"*

In the consideration of any product or technique, to you the one all-important factor is—"What will it do for me and my patient?" The Xttrium technique for the treatment of pyorrhea has a convincing clinical background—more than 2,000 case his-

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Scientific and clinical background, acceptance by an impressive number of the profession and reports of a most favorable nature from users are all very significant factors. But you alone can determine what Xttrium can do in your practice and it is upon this basis, rather than exaggerated claims and enthusiastic promises that Xttrium has been sold. Thus in answering your question, "Will it give me successful results?" we ask you to try it. Order a Xttrium outfit from your dealer. Let the treatment demonstrate what it can do. Your purchase is protected by the unqualified

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Xttrium is sold with the unqualified understanding that the user must be satisfied, or the unused portion can be returned for complete credit. And the dentist alone is to be the judge. It is only because we have every confidence that your experience with Xttrium will result in your becoming a regular Xttrium user, that we invite you to try Xttrium on this protected basis.

understanding that you must be satisfied or the unused portion can be returned for full credit.

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Please send me a copy of the Xttrium book.

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74½ % Pure Silver

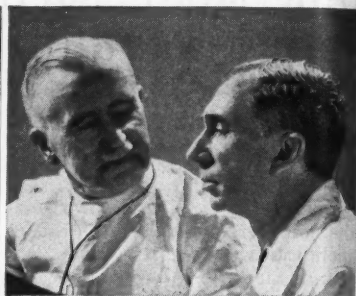
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- *is the highest practical content silver alloy available to the profession.*
- *Always retains its silvery-white lustre.*
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**"I know it's a hard case, Ben, but it'll come out all right . . ."**

"I know it will, because I've had others just like it where I've used my regular technic with Kelly's Paste for the corrective impressions—and I've practically never had any trouble. You won't have any, either."

### For All Cases—Kelly's Paste

On difficult cases as well as ordinary ones, Kelly's Paste gives SUPERIOR ADAPTATION. This, combined with sound method and skillful hands, makes for dentures that fit as they should fit.

Kelly's Paste perfects any impression, registering accurately every detail of the soft mouth tissue—and all this quickly and comfortably.

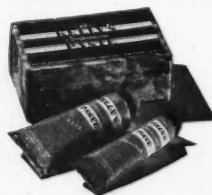
### Simple and Easy to Use

The Paste comes in two tubes. Just squeeze out equal lengths of the red "base" and the white "hardener." After a few strokes of the spatula the creamy pink mixture is ready to use.

### Satisfaction Guaranteed

Why not give Kelly's, the original corrective impression paste, a thorough trial in your own work, and discover for yourself what improvements it can make in the final result? At dealers, \$2.50. You take no risk—if for any reason you are not satisfied, return the package for full credit. This absolute guarantee has stood for seven years with practically no returns. There's a good reason! Kelly-Burroughs Laboratory, Inc., 143 N. Wabash Ave., Chicago, Ill.

**"KELLY'S PASTE"**



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## COST LESS

REGULAR  
EMULSION (Slow)

One Film Packet.....\$3.00 per gross  
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SENSITEX EMULSION (Med. Fast)

One Film Packet.....\$4.00 per gross  
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Ask your dealer. If he does not carry Dentettes,  
order direct. Send for free samples.

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**ORTHODONTIC SPECIALTY COMPANY**  
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# The WIG-L-BUG OUTFIT No.3B

## THE WONDER ELECTRIC MORTAR AND PESTLE

ONLY  
**\$35<sup>50</sup>**  
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ONLY 7 to 10 SECONDS are required to triturate enough amalgam for an ordinary size filling with the WIG-L-BUG, the wonder electric mortar and pestle. Its mix is a smooth fine texture...always the same! Assures better, faster, more successful fillings! Write today for descriptive, illustrated literature.

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Sessions held at intervals throughout the year. Date of next session on application. Classes limited.

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BEFORE IT ENTERS THE WORKING PARTS  
PREVENTS WEAR - PREVENTS RUST - PREVENTS OIL LEAKS

GOOD UP-TO-DATE DENTISTRY REQUIRES  
A CLEAN SMOOTH RUNNING HANDPIECE

SIZE OF 6  
HANDPIECE  
GLOVES  
COSTS \$1.00  
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### USE THE Genuine HANDPIECE GLOVE

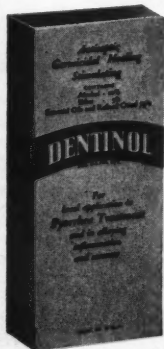
They're made of durable rubber. Easy to put-on and take-off. Can be boiled and used again and again.

HANDPIECE GLOVE COMPANY



Short enough to permit a safe non-slip grip of the handpiece:  
**ORDER A BOX TODAY!**  
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## PYROZIDE TOOTH POWDER DENTINOL (Liquid)



2 OZ. SIZE \$1.00

Success in the treatment of Pyorrhea, i. e., the elimination of infection, inflammation and soreness of oral tissues, can best be accomplished through the use of therapeutic agents having the highest germicidal efficiency, with minimum toxic or tissue-destroying properties, in conjunction with thorough instrumentation.

The combination of ingredients used in producing DENTINOL LIQUID makes it the ideal germicide and healing agent for dental purposes. Sold on a money-back guarantee.

PYROZIDE TOOTH POWDER for patient's home cooperation cannot be replaced by sweet, soapy concoctions. Its DENTINOL medication makes it an ideal dentifrice for daily use to help maintain a healthy condition in the mouth. We ask you to recommend it to your patients.

Accept no substitutes for PYROZIDE TOOTH POWDER OR DENTINOL  
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Close at hand . . out of the way . . yet ready for instant use . . are *all* features of the Ritter Units, unequalled for operating ease. Here the operator grasps the mouth examination lamp without a change of position. Conveniently at hand are the low voltage instruments in one compact assembly—the warm air and thermo-water syringes, the spray bottles, the engine—only Ritter Units provide such ease. The exclusive features of fingertip control are provided on the

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—"if you do, I don't!" Angry Mrs. Bell will *not* return next Tuesday. And for Mr. Bell and little Mary there will be no further treatments. The Bell family is *through*.

It *could* have been avoided, though this dentist doesn't yet see how. The only anesthetic he could have used for that work was a topical,—a *good* topical. And what do we mean, a *good* topical?

We mean just that, Doctor, a good topical —Rorer's Topical. With it, there's no pain for your patients, even in the insertion-pang of the hypodermic needle. Without it, by inflicting pain you may endanger the good will so indispensable to your future.

TO HEAD OFF PAINFUL SITUATIONS GET

## RORER'S TOPICAL

ANESTHETIC SOLUTION

Price \$3.00

anesthetizes mucous membrane surfaces *within two minutes*.

Use return coupon below

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Please send me prepaid, one bottle of Rorer's Topical Anesthetic Solution.

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*the perfect denture*

has enjoyed an increase of use every year since it was first introduced to the profession. Last year was no exception. Now over 5,000,000 PARFAIT Dentures have been made. *No other denture material can approach this record.* It should be your guide in choosing the material for your cases. Unbreakable—needs no tinfoiling.

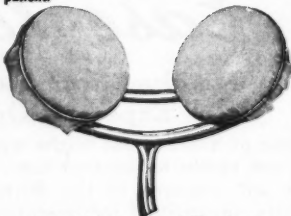
Made for lymphatic, bilious, sanguine and nervous temperaments.

The Parisien Chemical Co.

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Replace your old headrest pads with "UNEK PADS" that renew their freshness with every patient.



*The "Maximum of Headrest Comfort and Sanitation"*

Uneek Pads have removable Rubber Cushions that are quickly removed for sterilization.

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Uneek Service unsurpassed by any other in appearance, comfort, simplicity, economy.

Uneek pads are made to fit all chairs. Write for descriptive folder and sample cover.

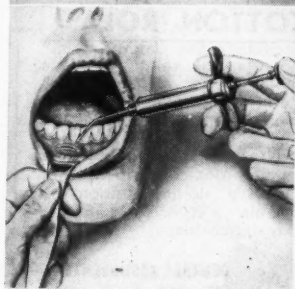
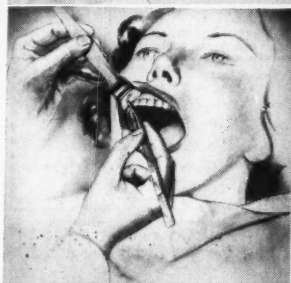
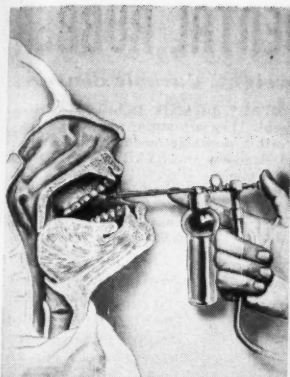
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Complete \$5.00

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**SCIENCE**  
*and*  
**SKILL**

**TISSUE SURFACE ANALGESIC**  
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*Sharp & Dohme*  
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**Hexylresorcinol Solution**

**S.T.37**



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*makes strong, light weight, durable dentures*



Dentures made with "STAR" BRAND Rubber are dense, homogeneous and hard. They are strong and durable yet light of weight, with a desirable modulus of elasticity. Odorless and tasteless — "STAR" BRAND will please your clients.

*Shrinkage controlled, easy to work, moderate in price—this new formula has many advantages. Now made in eleven shades including*

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**INTRODUCTORY  
BOX ..... \$1.00**

**SPECIAL INTRODUCTORY OFFER**  
5 sheets (1 of each new color) will be sent through your dealer or direct for \$1.00.

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Successors to Traun Rubber Co., 239 Fourth Avenue, New York, N. Y.

Enclosed \$1.00—Please send me your SPECIAL OFFER on "STAR" BRAND

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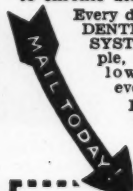
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Every dentist should have the **DENTISTS' COLLECTION SYSTEM**. It provides a simple, ethical collection followup—a service that every dentist will like.

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### COTTON ROLLS

These improved cotton rolls are a delight to the efficient dentist and are not harsh to the patient's mouth. They are actually spun from 100% pure surgical absorbent cotton to make them softer, more pliant and non-collapsible. They adopt easily into any position, are stretchable and small tufts are quickly detachable.



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Palms Station

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**Gentlemen -**

Please send me a free, generous sample of "SUPER ABSORBENT" ROLLS.

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# When the West was still young



**O**VER 60 YEARS AGO—new cities springing up in the West and men looking to far horizons. Then, too, came a new development in dental preparations—Phillips' Milk of Magnesia.

Throughout the long span of years Phillips' Milk of Magnesia has steadily maintained its position and continued to merit your recommendation because—

1. Phillips' Milk of Magnesia Tooth Paste and Phillips' Milk of Magnesia Tooth Powder fulfills the true function of dentifrices—they clean teeth efficiently and neutralize mouth acids on contact.
2. Phillips' Milk of Magnesia serves as an economical mouth antacid.

## Prophylaxis at the Chair

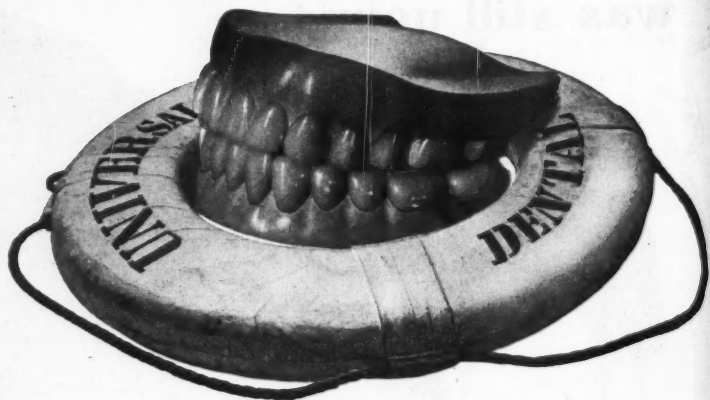
A little of the Paste added to your cleansing powder offers a special appeal to your patient. It will also encourage the use of Phillips' Milk of Magnesia Tooth Paste for daily prophylaxis.

# PHILLIPS'

## Milk of Magnesia



Some teeth **ABUSE** the ridges



## DR. FRENCH'S MODIFIED POSTERIOR ACTUALLY CONSERVE THEM . .

With the finest intercusping teeth ever made, there will be constant friction and continual pounding against the delicate tissues of the ridges *the minute the denture becomes unbalanced due to settling*. Practically all dentures settle sooner or later, *but here's the difference*—when they're made with DR. FRENCH'S MODIFIED POSTERIORs, *there are no ill effects*. Their use actually protects and conserves the ridges.

Write for latest booklet—"Mystery, Mystery, What Holds the Chin?"

Specify these finer, more practical teeth for your next case, using them, for best results, with

**NUFORM ANTERIORS**

**UNIVERSAL DENTAL COMPANY**  
48TH AND BROWN STREETS PHILADELPHIA, PA.

# A Diet to Build Sound Teeth Must Contain Adequate VITAMIN "D"



ONLY 85 of the 185 days of the New York World's Fair last year were clear. 31 days were rainy, 52 were cloudy, 17 days were overcast. Thus on more than half of the days during the summer months sunlight provided little or no "sunshine" Vitamin D.

The U. S. Weather Bureau figures show that similar conditions apply to many other sections of the country. They indicate the fallacy of relying on sunlight for the bone and tooth building Vitamin D at any time of the year. The dependable way of providing it is through Vitamin D milks, foods, and medicinals.

## Tooth Minerals Equally Important

Calcium and phosphorus which compose more than 95% of the teeth must also be supplied in abundance for building and nourishing the teeth. They depend primarily upon Vitamin D for proper utilization. Speaking of the importance of these nutrients, Mary Swartz Rose, Ph.D., Columbia University, writes: "In regard to calcium, we must pin our faith to the teachings of science, and not trust to the outward appearance of the boy or girl. At the present time the only way to know whether a child has plenty of calcium is to see that a liberal supply is taken, along with a liberal supply of vitamins A, C and D, and phosphorus, all necessary to insure its best utilization."\*

## Proper Diet Essential

The calcium and phosphorus minerals are naturally present in milk and to a lesser de-

gree in many of the common foods. However, foods generally contain little or none of the calcifying factor Vitamin D. The inadequacy of dietary sources, and the deficiency of solar ultra-violet impose the need for Vitamin D supplements. Vitamin D Milks and foods licensed by the Foundation are now generally available and inexpensive. Recommend them to your patients.

\*NUTRITION AND THE HEALTH OF THE SCHOOL CHILD, Jour. Am. Diet. Assn. Feb. 1939. p. 73.



## Featured at THE NEW YORK WORLD'S FAIR

If you attend the New York World's Fair this summer, be sure to see how milk is irradiated for enrichment with Vitamin D at Borden's Dairy World of Tomorrow. Or visit one of the progressive dairies, evaporated milk plants or food factories in your own vicinity.

Every licensee of the Foundation is entitled to use this Seal on its Vitamin D products and in advertising. Every licensed product is periodically tested, whether or not the Seal appears thereon.



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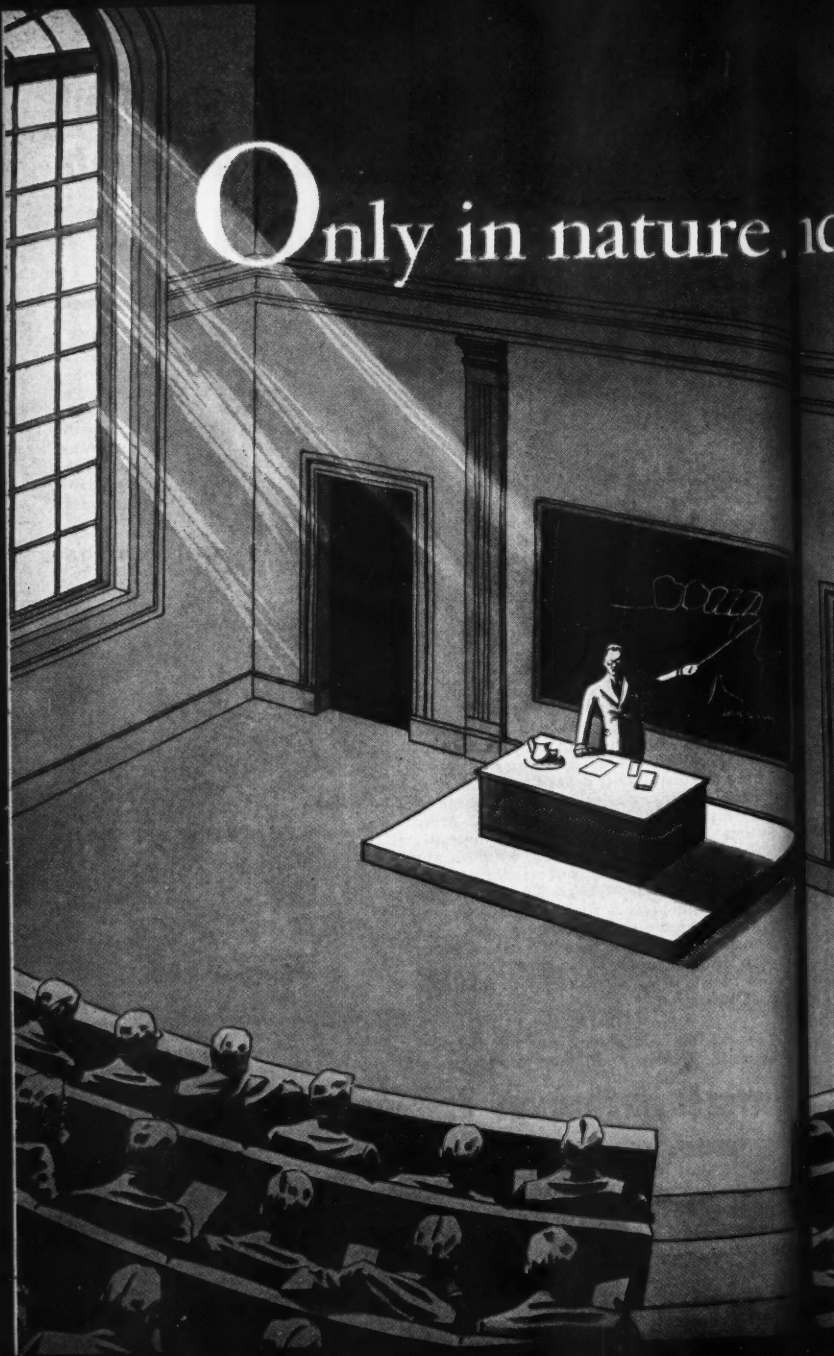
Mail this coupon TODAY for your FREE copies of these two valuable and authoritative booklets. OH-640

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Only in nature, 10





# Densene

In many dental colleges and among most doctors Densene is preferred to help avoid certain untoward psychological reactions in the new denture patient.

The kind appearance of Densene in the mouth . . . imitating nature so faithfully—*so normally* . . . places the patient in excellent mental condition to become accustomed to the new restoration.

Our uninterrupted experience with powder and liquid acrylic resin and our long and persistent development of this specialized form of material has made Densene the finest denture base available. You can be certain the quality of Densene is *accurately maintained* and not subject to variation no matter how long it is kept in the dental office or laboratory.

*Densene is available  
in natural gum color  
and clear trans-  
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Checks NAIL BITING  
AND THUMB SUCKING

Thumb sucking may be one cause of crooked teeth, high vault and deviated nasal septum which results in inflammation of the nose, throat, middle ear and often partial deafness.

THUM contains pure capsicum with citric acid in a nail-lacquer base. Applied like nail polish.

\$ .50 and \$ 1.00 per bottle at your dental depot or druggist.

NUM SPECIALTY CO. 4614 Fifth Avenue, Pittsburgh, Pa.



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## New experience No. 3 for Doctor X—

A perfect fit—  
and a pleased  
patient



A perfect fitting restoration means a pleased patient and Doctor X had this new experience recently.

And here's his story: "I realized the minute I saw the finished impression that this job was going to be *right*. The details on the impression were sharper and much more distinct than usual. This new success in impression taking I can only attribute to CO-ORAL-ITE. It is so easy to work with and its slow setting time allowing ample time for manipulation is most advantageous."

Join the enthusiastic practitioners who use CO-ORAL-ITE IMPRESSION MATERIAL exclusively because of the superior results. You won't be disappointed and may we suggest you try it on your very next case.

Mixture consistency easily controlled because Co-Oral-Ite Impression Material is a liquid and a powder.

Order through your dealer

CO-ORAL-ITE Dental Mfg. Company, Santa Monica, Calif.

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if heat is indicated to relieve pain, hasten resorption of the effusions and stimulate the healing action of the capillaries, instruct your patient to apply

*Antiphlogistine*

It will retain its heat for many hours.

Sample on request

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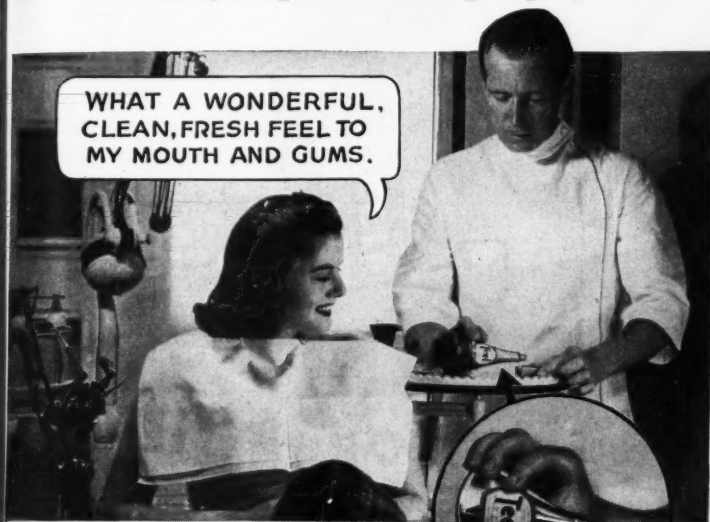
# Why 3 Out of 4 Dentists Use Teel

*as binder for pumice in prophylaxis*

Doctor X  
e finished  
on the im-  
This new  
AL-ITE  
ng ample  
clusively  
your very  
a powder.

Calif.

WHAT A WONDERFUL,  
CLEAN, FRESH FEEL TO  
MY MOUTH AND GUMS.



## Patients Praise Refreshing Effect of This Modern New-day Way

**T**EEL, the new liquid dentifrice, is being used by about three out of four dentists who try it as a binder for pumice in prophylaxis, a recent survey by a leading dental journal indicates. Here's why dentists seem to prefer Teel for this use:

**1. Wins Praise**—Patients almost invariably seem to comment on the clean, refreshed feel of their mouths when Teel is used.

**2. Aids in Cleansing**—Teel's new detergent (highly refined sodium alkyl sulphate) assists the action of the brush and pumice in cleansing. Also, Teel's extremely low surface tension is an aid for penetration in interdental and gingival crevices.

Try this new use for Teel at our expense. Write for free samples. Address: Procter & Gamble, P. O. Box 687, Dept. 21, Cincinnati, Ohio.

**"TISSUES HEAL BETTER  
IN A** *Mildly*

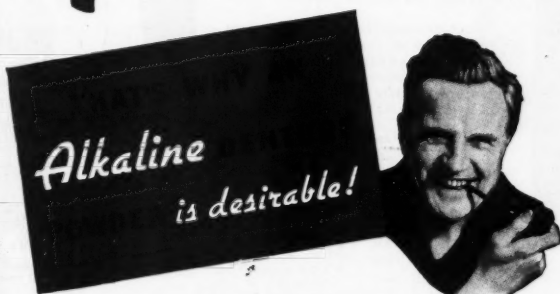


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**PRaised  
BY DENTISTS AS  
MOST HELPFUL  
ADVICE  
ON MASTERING  
A NEW DENTURE**



# Alkaline MEDIUM...



## GIVE PATIENTS ALKALINE FASTEETH!

● In first dentures, as every dentist knows, the tender tissues are often either sore from RECENT OPERATIONS or soon become so from the *unaccustomed pressure* of the hard, unyielding mass. They are then easily irritated by the CHAFING incident to a denture that isn't fully under control, and may become so inflamed and "fiery" as to hinder seriously the mastery of the denture.

That's why dentists increasingly appreciate the added advantages of a denture powder that *ALSO AIDS NATURE* in the healing process. And that's why they are so enthusiastic about FASTEETH. Being alkaline, FASTEETH checks the irritating effects of excess mouth acidity, and *soothes* and *protects* tissues that are tender.

Your patients will be grateful for its *soothing, cooling* comfort, for its wonderful help in speeding the mastery of a denture!

### Send for YOUR Copies

of "Your DENTURE and YOURSELF." Ten pages of prosthodontic advice on diet, "sore spots," enunciation, etc. Includes illustrated pages showing how mouth tissues *change*, and the importance of periodic visits to the dentist to have dentures *readapted*. It will help make your denture service easier and more profitable.

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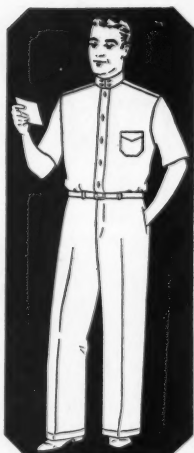
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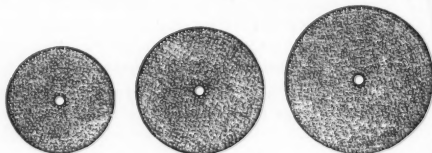


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**Rexall** Druggist  
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 using Mi 31—the safe and effective  
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Because it kills germs quickly—repeated tests under strict supervision by approved methods have shown that it kills germs in 10 to 25 seconds—and because of its economical price you can afford to prescribe Mi 31 freely.

Diluted even one-half with water, Mi 31 is still effective. Laboratory phenol coefficient tests show that at full strength it is twice as strong as N. F. VI Antiseptic Solution recommended for oral use.

Its use, too, provides your patients with a favorable reaction to its "clean" taste. You can safely recommend it for home use as a mouth wash or deodorizer because its proper use will not harm the most delicate oral tissues.

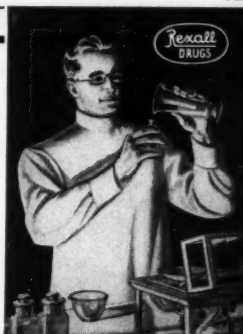
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Campho-Phenique is a solution of Camphor and Phenol in a bland neutral oily base combined with aromatics to produce an efficient non-caustic antiseptic dressing.

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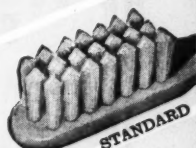
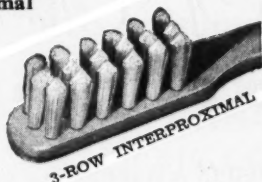
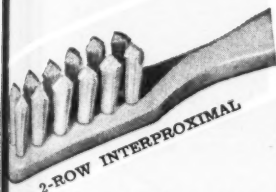
Dr. ....

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# Scientifically designed for simplified massage-brushing

1. **SMALL HEAD** easily reaches intermost tooth surfaces.
2. **FULL TUFTS** of base end cut Chungking bristles, trimmed for interproximal massage brushing.

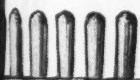


3. **STRAIGHT Takamine Bamboo** handle will not bend.
4. **STERILIZABLE** in boiling water.
5. **LOW COST** facilitates frequent renewal.

The design of Takamine toothbrushes is such that the patient need not be required to master a complicated massage-brushing technique. The three professional models illustrated offer a complete choice for the doctor's prescription. Each Takamine model is scientifically designed to the exacting requirements of leading periodontists. For example: The Three-row Interdental is designed to facilitate Dr. Hirschfeld's technique; the Two-

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The use of Takamine Toothbrushes in cases of Trench mouth is particularly important. These are the only toothbrushes that can be sterilized repeatedly in boiling water, without harming the brush.



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Enclosed remittance to cover my order for..... **TAKAMINE Toothbrushes** at professional prices as checked below: **Check bleached or unbleached bristles.**

*For your office dispensation Special prices are:*

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**DENTAL JOURNAL**

**D**R. CHAPIN A. HARRIS began publication of the American Journal of Dental Science in 1839. It was the first dental journal in this country. Only 7 years later the Church & Dwight business was established. Our products, Arm & Hammer and Cow Brand Baking Soda have been effective aids to dentists since.

Both are Sodium Bicarbonate U.S.P.XI, acceptable to the Council on Dental Therapeutics of the American Dental Association as dentifrices. Because there are so many ways in which Bicarbonate of Soda can serve the practicing dentist, substantial savings can be had by always using our dependable but inexpensive products.

Bicarbonate of Soda is an excellent dentifrice for daily use. It effectively cleans artificial dentures. In solution it makes an effective mouth wash and gargle for post-operative care—is used also in the treatment of ulcerative stomatitis resulting from the use of bismuth and mercury. It is also used in the sterilizer to protect instruments from rust and as a cleansing powder and, in solution, to keep glassware and enameled surfaces bright and clean.

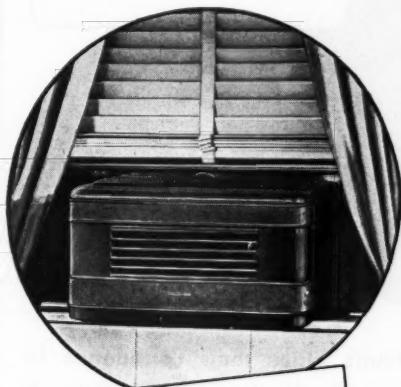
Arm & Hammer and Cow Brand Baking Soda are identical in cost and quality. One or the other is available for just a few cents in sealed containers.

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WITH THE NEW 1940

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Have a Philco-York Portable Air Conditioner in your office this summer! Easily and quickly installed. No plumbing, no wiring—just plug into electric socket! Mail coupon for free booklet and full details of our Easy Payment Offer.

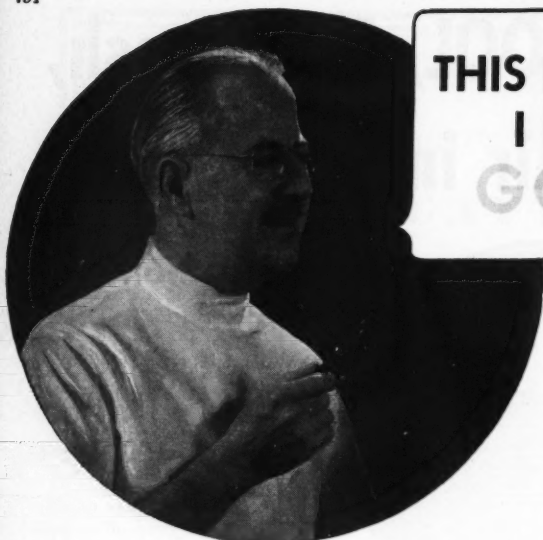
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*is an all-important factor in anesthesia*

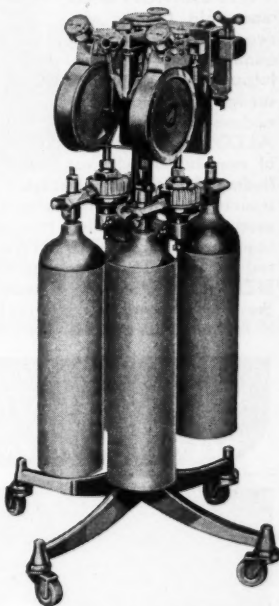
With the **NARGRAF**  
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*First:* The McKesson intermittent flow principle coordinates the flow of gas with the patient's respiration. When the patient breathes rapidly the machine speeds up delivery. When breathing becomes slower the flow is automatically regulated accordingly.

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Control of the patient is an all-important factor in successful anesthesia. The Nargraf provides this control to a greater degree than any other anesthesia equipment. And in addition has many other advantages. Return the coupon for the complete Nargraf book.



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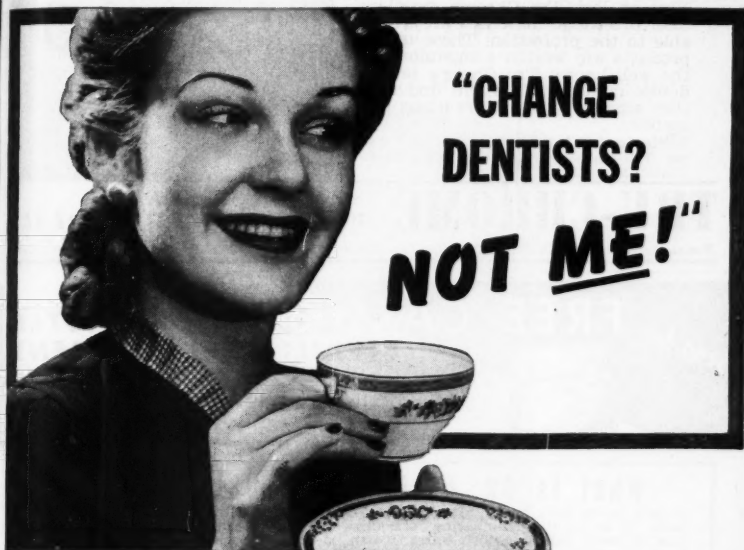
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Confident in her dentist and his work. Appreciative of his sympathetic understanding. Loyal!

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PYCOPÉ "Council Accepted" TOOTH POWDER can't melt a brush . . . is immediately soluble . . . contains no glycerin, grit, acid, soap . . . no sodium perborate.

PYCOPÉ BRUSHES have small heads, rigid handles . . . scientifically spaced bristles, wedge-cut tufts . . . a two-month guarantee. Educational folder included

For instance, *one* of the wise things you can do is prescribe Pycopé Tooth Powder and Pycopé Tooth Brushes. This is *your* powder—*your* brush—*never* publicly advertised!

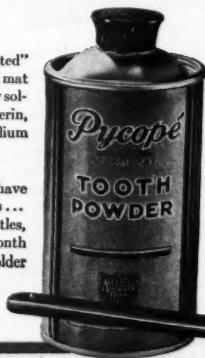
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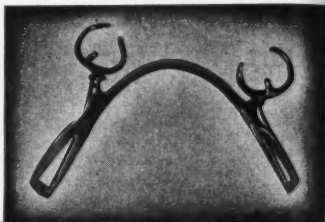
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It is a heavy dark red fluid containing hygroscopic iodine in a chemically pure base. It is highly penetrating, stainless, antiseptic, non-irritating, non-toxic, and perfectly miscible with water. It can be used externally or internally. Order from your dealer or direct.

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**MOST DENTISTS AGREE** that a heavy mix of powder and liquid is a desirable integral factor in the preparation of a wholly satisfactory translucent plastic porcelain.

**DURODENT-ENAMEL** mixes in a proportion of 1.50 to 1.60 grams of powder to 0.4 cc. of liquid, consequently a putty-like mix is formed that may be packed *piece-by-piece like an alloy*. Because of its heavier consistency, **DURODENT-ENAMEL** has (1) The extra strength needed to meet the rigorous requirements of today's pressure technique, (2) The long life quality that comes from its greater-than-ordinary hardness.

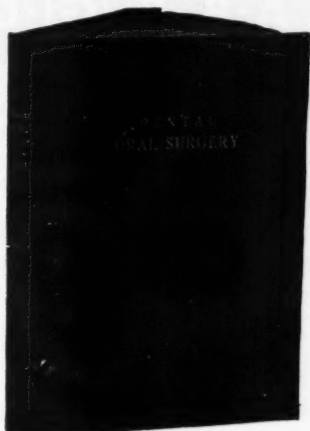
Not only is **DURODENT-ENAMEL** dense and impervious to saliva, but it positively will not contract under moisture, check, crack or become chalky. Its color is permanent—its translucency lasting and unaffected by lipstick or tobacco stain. Your supplier has **DURODENT-ENAMEL**, why not try it today.

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## Dependable source of VITAMINS A · B<sub>1</sub> · B<sub>2</sub>(G) · C · D

● Nutritional studies demonstrate that of the many vitamins that have been identified there are five of major importance to the bodily economy. These are vitamins A, B<sub>1</sub>, B<sub>2</sub>(G), C and D. In Polytaxin there is present each of the essential food factors that are most likely to be lacking in the diet. Polytaxin approximates the daily need as closely as existing knowledge indicates.

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Each capsule now represents:

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**THE ORIGINAL  
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**E**VERYWHERE in America, KERR Retailers have resumed the sale of Crystolex in Powder & Liquid form. Your supply of this famous Acrylic denture base will henceforward be uninterrupted.

Since its temporary withdrawal from the market because of license restrictions now removed, Powder & Liquid Crystolex has been imitated by literally hundreds of substitutes. But no imitation has yet duplicated for you the results attainable with genuine Powder & Liquid Crystolex—its almost instantaneous mixing speed, its permanent, life-like color and texture, its absolute uniformity from day to day and month to month.

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EXCLUSIVELY FOR

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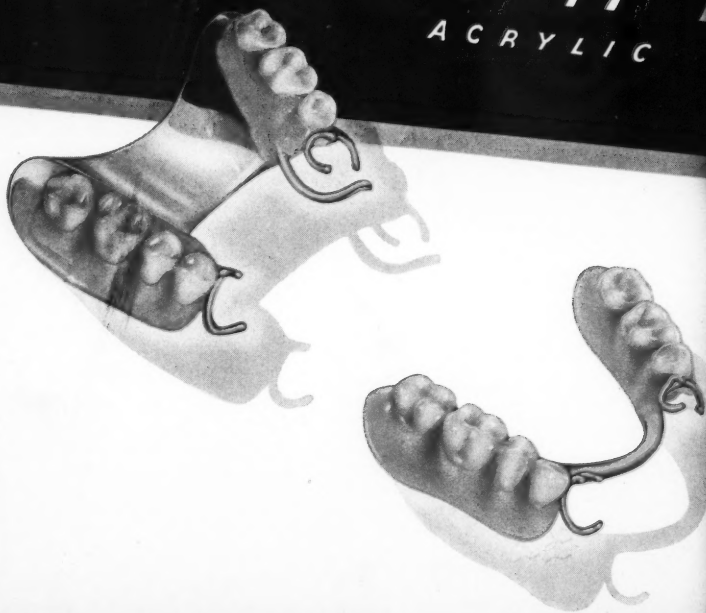


**I**N PARTIAL DENTURE work, genuine Crystolex opens an entirely new vista of achievement to the skilled dental artisan. The Crystolex base is so strong, so thin, so translucent and so amazingly faithful a reproduction of healthy mouth tissue that it permits results never before attainable.

Combined with gold, these Crystolex Partials are so beautiful as to invite comparison with the finest artistry.

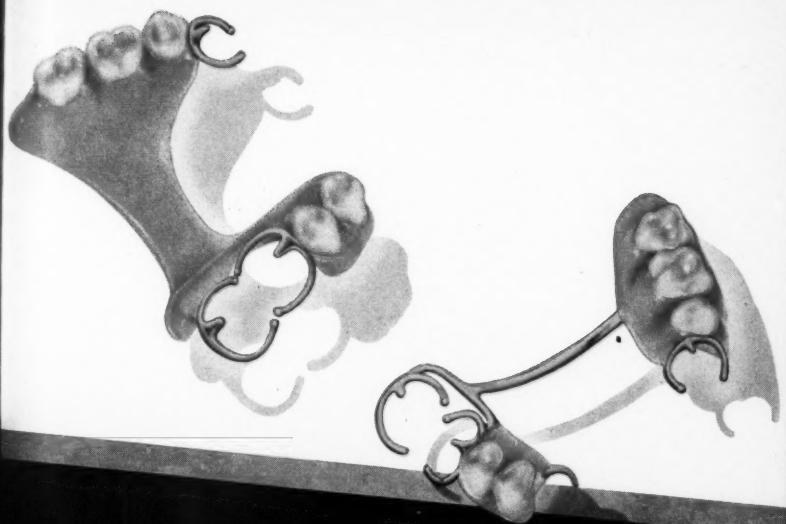
How your patients will appreciate Crystolex Partials like those shown on this page!

# Genuine CRISTOL ACRYLIC



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# CRYSTOLEX

DENTURE MATERIAL

**E**VERY modern dental laboratory can supply full and partial dentures in genuine Crystolex, to your specification.

And every responsible laboratory appreciates the Kerr Certificate plan which proves laboratory sincerity in filling your Crystolex order with Genuine Crystolex instead of some cheap substitute, costing perhaps a dollar less.

So everywhere, discriminating Dentists are learning this wise precaution:

Don't say "Acrylic"—say "CRYSTOLEX"!

That's the way to make sure of best results.





*Bend this Impression  
Material 25%*

Impressions of mouths with irregular teeth and severe undercuts, can be easily made with Kerr Hydro-Colloid. For this impression material is highly elastic. You can bend it as much as 25% without breaking or tearing.

Kerr Hydro-Colloid handles readily in the tray. It heats quickly and cools with little

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Take a Kerr Hydro-Colloid impression of your next difficult case. The result will please you and your patient.

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**KERR**

**HYDRO-COLLOID**

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With the good will of the dentist, an unceasing flow of CO-RE-GA has gone forth from our manufacturing plants to help millions of patients throughout the world gain confidence with immediate, partial and full dentures.

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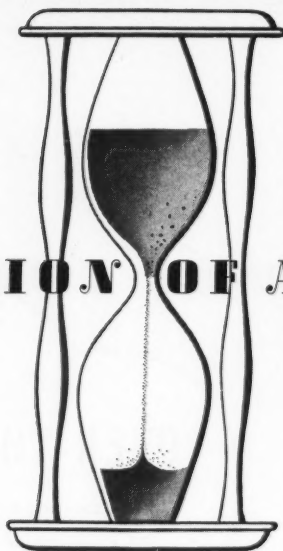
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## DURATION OF ACTION

**H**IGH disinfecting power and relative freedom from irritation are the three essentials of an antiseptic. The superiority of Tincture Metaphen in these respects is emphasized by a recent comparative study\* of fifteen commonly used antiseptics. On the oral mucosa, Tincture Metaphen was found to

have, in substantial excess over any other antiseptic tested, a duration of action of two hours to reduce bacterial count 95 to 100% within five minutes and to cause only a slight irritation in some cases, no irritation in the others. Abbott Laboratories, North Chicago, Ill.

\*Meyer, E., and Arnold L. (1938), Amer. J. Digest. Dis., 5:410

*Tincture*

COMPLETE LITERATURE ON REQUEST



*Metaphen*

(Tincture of 4-nitro-anhydro-hydroxy-mercuric orthocresol, 1:200, Abbott)

# NOBILIUM

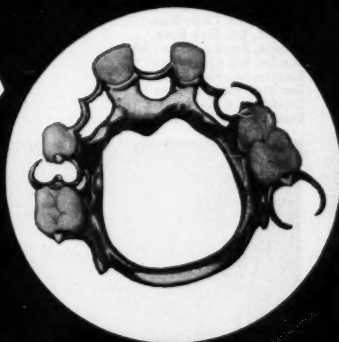
- WIDER SCOPE IN CLASP AND DENTURE DESIGN
- BETTER AESTHETICS
- BETTER DENTURE SERVICE

## CAST CLASPS (adjustable)



Nobilium clasps can be adjusted with safety, comparing favorably with wrought wire clasps. Therefore, separate wrought wire clasps are not necessary. The reason? Two properties, flexibility and resiliency, result from the presence in Nobilium of a small quantity of Vanadium. This is a unique feature protected by a United States Patent.

## FULL CAST RESTORATIONS



You can have the entire case cast of Nobilium. That is why Nobilium is superior to other non-precious casting alloys. From its unusual, adjustable clasps to the complete restoration, Nobilium offers better results in serviceability, patient comfort and satisfaction.

Nobilium is used with tremendous success from Coast to Coast. Accepted as one of the best non-precious alloys available to dentistry. Contact the qualified Nobilium Processor near you.



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COMPLETE LINE  
OF DENTAL  
X-RAY FILMS

ALL MINIMAX x-ray films are supplied in three distinct types: Regular Slow, Intermediate Blue Base and Intermediate Clear Base, in boxes of one gross and boxes of four dozen.

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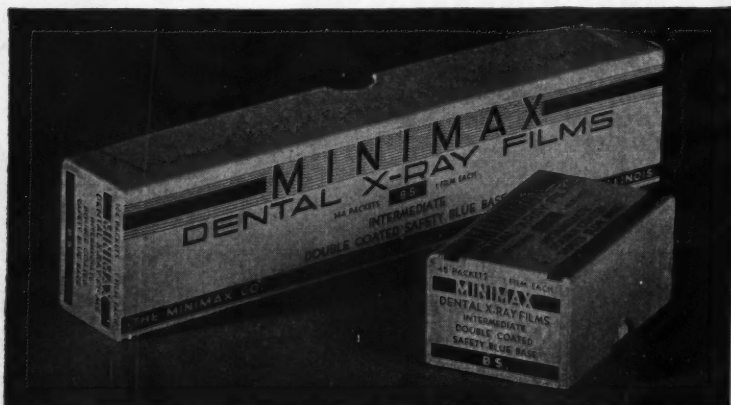
	1 Gross	4 Doz.
TOOZ, Regular Slow	\$3.50	\$1.25
TOOZ, Int. Clear Base	4.50	1.70
TOOZ, Int. Blue Base	4.75	1.80
Singles, Regular Slow "RS"	2.25	.80
Singles, Int. Clear Base "CS"	2.75	1.00
Singles, Int. Blue Base "BS"	3.00	1.10
Doubles, Regular Slow "RD"	2.75	1.00
Doubles, Int. Clear Base "CD"	3.50	1.25
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YOU can get Minimax quality in your preferred type of x-ray film. Minimax offers you in addition to TOOZ, the 2-in-1 x-ray film, "singles" and "doubles" so if you want only one radiograph of a tooth, duplicate radiographs of the same area or two different radiographs with the use of only one packet, Minimax produces film that is tailored for the task!

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*faster*  
with this better  
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**ORACLENZ**

**First:** Pleasant **ORACLENZ** is a thorough rinse to strip teeth of mucin.

**Then:** Efficient **STERODENT** Cleanser polishes to gleaming whiteness in much less time.

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tablets included

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BLACK  
BRISTLES**



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We believe this to be  
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on the market.

So that you can  
compare it with our  
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Bristle, and one hard  
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| <input type="checkbox"/> Extra-hard Black           | <input type="checkbox"/> Hard Bleached      |
| <input type="checkbox"/> Hard Unbleached            | <input type="checkbox"/> Extra Hard Bl'ch'd |
| <input type="checkbox"/> Extra-hard Un-<br>bleached | <input type="checkbox"/> Junior (Child's)   |

Dr. \_\_\_\_\_

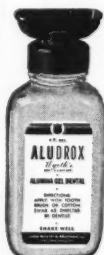
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*More Rapid Results with*

# ALUDROX

*As a Therapeutic Adjunct in the Treatment of*  
**PERIODONTAL DISEASE**



★ An increasing number of dentists are recognizing the greater rapidity with which recovery from periodontal disease is obtained when ALUDROX and Wyeth's Magma of Alumina and Kaolin, Dental (formerly called Kaodrox), are used as adjuncts to prophylaxis and instrumentation.

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*ALUDROX is available on prescription  
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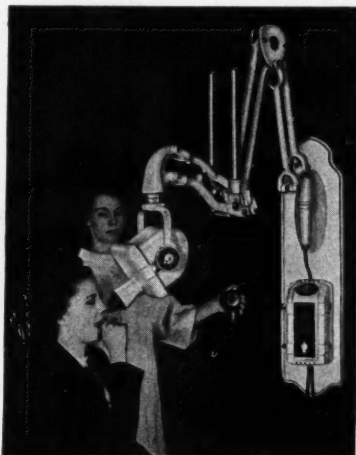
# Do You See Just an X-Ray ... OR WHAT'S BEHIND IT.

★ An x-ray is not just a decoration for your office, it's what's behind the x-ray that counts. An x-ray means better service to patients. It means more satisfied patients. It means more patients. It means increased income—added prestige and good will. An x-ray is a business-building tool. Over and over, users tell us it is their best business builder.

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*Shockproof*

**"DENTAL X-RAY"**



## Here Are the Reasons Why It Pays to OWN YOUR OWN X-RAY

★ When you stop to think how often radiographs are valuable in dental practice, only then it is possible to realize the importance of x-ray service. Here are typical uses of an x-ray apparatus—it shows beginning decay, dental cavities, abscessed teeth, root cysts, broken root tips, residual infections, sequestrum, curved roots, erupted and partially developed teeth, impacted teeth, infected root

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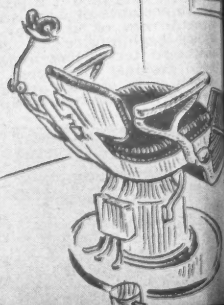
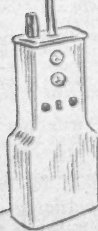
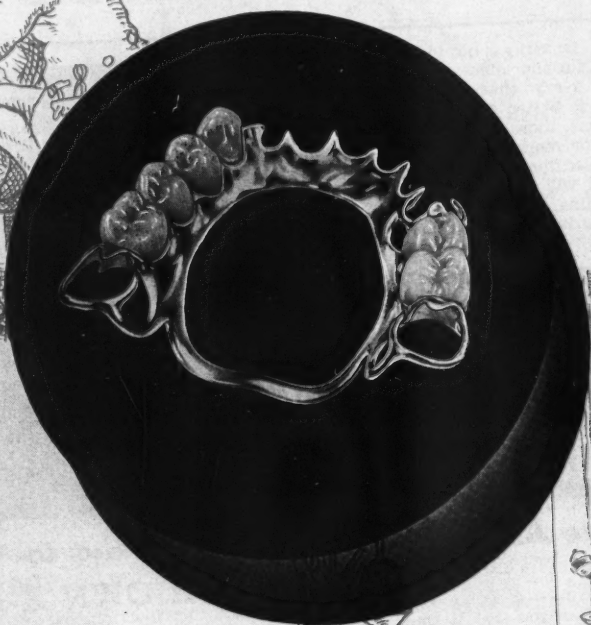
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## TICONIUM IS A "Balanced" DENTURE ALLOY

Ticonium has a tensile strength of 100,000 pounds per square inch and a yield point of 65,000 pounds per square inch. It has a Rockwell hardness of C32 and an elongation of 6%.

Unlike other non-precious metals these physical properties can be varied with heat treatment. Hardness can be varied from C 18 to C 45. Elongation can be varied from zero to 10%; yield point from 45,000 to 90,000 lbs. per square inch.

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The physical properties of Ticonium as stated and established completely fulfill the requirements of a superior denture alloy. By performance Ticonium has merited your preference.

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100 YEARS OF PROGRESS IN RESTORATIVE DENTISTRY IS EXEMPLIFIED BY TICONIUM AND THE TICONIUM METHOD OF PROCESSING

# THE *Single* STANDARD OF EXCELLENCE



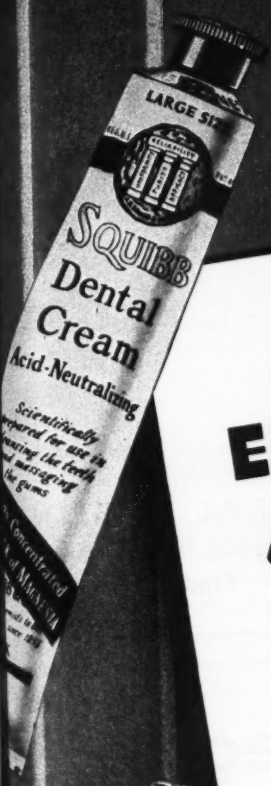
Williams "6" *All-Purpose* casting gold—perfected through years of metallurgical research—brings to *ALL* types of castings the technical perfection and lasting satisfaction so much sought by modern restorative dentistry... Equally ideal for inlays, fixed bridgework, partial dentures. Beautiful light coin color. Reasonably priced. Ask your dealer—or write: Williams Gold Refining Company, Buffalo, N. Y.; Fort Erie, No., Ont.; Havana, Cuba.

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# Safe... EFFECTIVE... ENJOYABLE...

—Just three words—yet they adequately describe Squibb Dental Cream and Squibb Tooth Powder.

These dentifrices are safe—even for children to use since they contain nothing which might be harmful to the teeth, gums or even the stomach if swallowed.

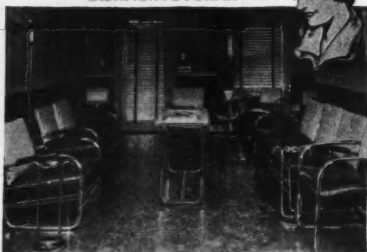
They are effective. They clean teeth the way you like to see them cleaned, thoroughly—yet safely.

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Recommend Squibb Dental Cream and Squibb Tooth Powder to your patients.

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**¶** When we started in 1865, our knowledge of rubber was not nearly so profound as it is now. In our over 70 years of practical experience, we learned how to make the best dental rubber, and that rubber is SAMSON.

**¶** Not the best because we say it is, but because the dental profession admits it is.

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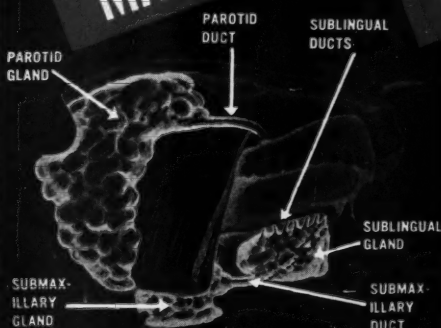
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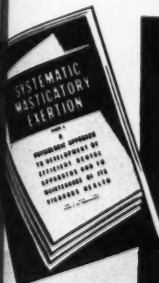
*under  
free  
salivary  
flow*

**D**ENTAL caries—the extortionate price of inadequate cleansing—poses one of dentistry's most important problems in prophylaxis.

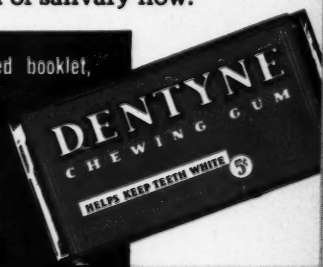
Authorities agree that vigorous masticatory exercise is nature's most efficient means of preserving the integrity of the teeth—by scrubbing the exposed surfaces, and by stimulating a copious flow of salivary secretion. Thus food debris is flushed away...saccharides are fermentatively dissolved...and pathogenic bacteria inhibited.

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A copy of the booklet, "Systematic Masticatory Exertion."

Dr. \_\_\_\_\_

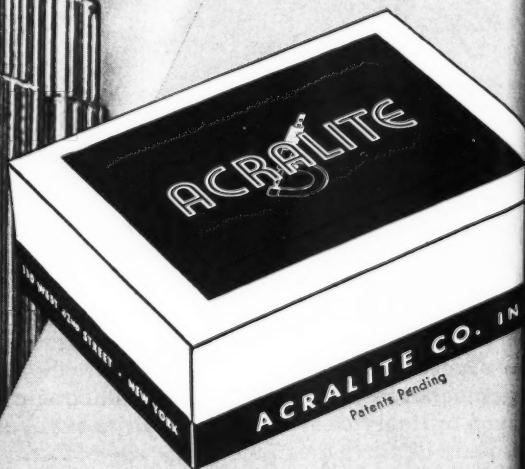
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■ When your patients ask you to recommend a dentifrice . . . we feel certain that the one you will name, has the "Seal of Acceptance" of the American Dental Association.

All forms of Pepsodent Dentifrices have been awarded this prized "Seal of Acceptance" and for this reason, we believe that Pepsodent Tooth Paste, Pepsodent Tooth Powder and Pepsodent Liquid all containing Purified Alkyl Sulfate\* . . . are the kind of dentifrices you will want your patients to use.

\*Purified Alkyl Sulfate is known to the public as Irium.

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*A book of charts designed to explain dentistry to the patient*

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Decide now to get The Dental Digest and this ethical patient education material—the attached postcard is for your convenience.

Dentists everywhere have welcomed the fourth (and complete) edition of *Visual Education in Dentistry*.

This new edition was necessary because of many inquiries from practitioners who wanted the complete series of charts in booklet form. Too, their copies of the third edition were worn owing to constant use.

If you do not subscribe to The Dental Digest regularly here is how you can obtain a copy of the new and complete edition of *Visual Education in Dentistry* promptly: The price ordinarily is \$2.00 per copy but for a limited time you can obtain the latest edition and eight (8) issues of the magazine for \$2.00. This offer represents real value and countless dentists have already taken advantage of it. They welcomed the chance of not only getting the Visual booklet but an eight month subscription to The Dental Digest, a magazine edited for brevity consistent with clarity.

The Dental Digest continues its strides forward. Natural color photographs were introduced in the text section some months back and the material has created nation wide comment. Four articles have been published to date in this series and a liberal reserve supply of each issue was exhausted within a short time after publication. For the professional acceptance of this type of material we are immensely grateful.

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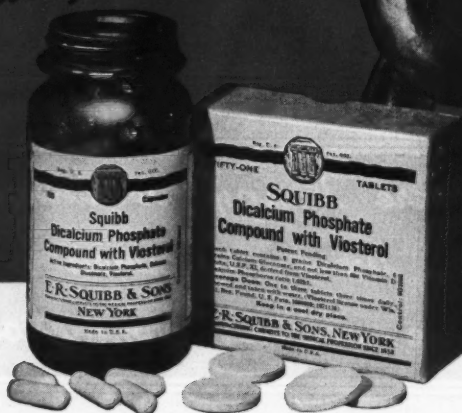
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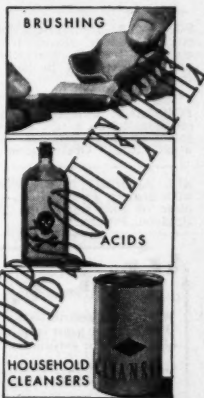
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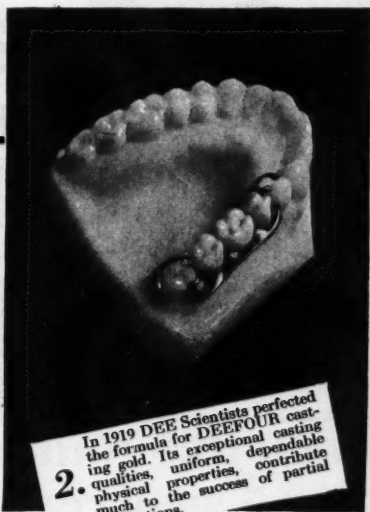
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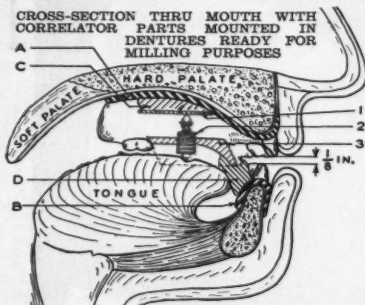


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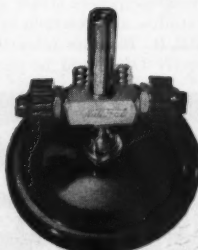
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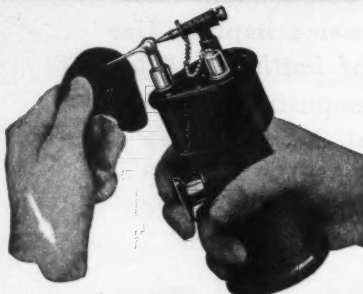
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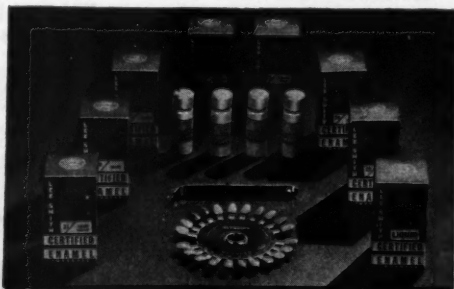
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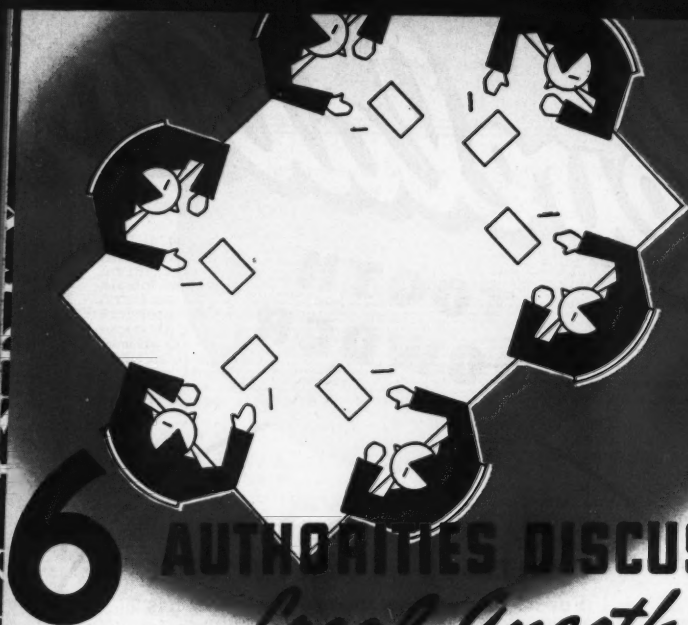
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